

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 194227

1. Entity Name

BEST INSURORS, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90112 044 ***150.00

Principal Place of Business

1500 N DALE MABRY
P O BOX 31601
TAMPA FL 33631-0601

Mailing Address

1500 N DALE MABRY
TAX DEPT. 7-EAST
TAMPA FL 33631-0601



2. Principal Place of Business

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Suite 1000

City & State

Tampa, FL 33607

Zip

Country

3. Mailing Address

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Tax Dept. Suite 1000

City & State

Tampa, FL 33607

Zip

Country

4. FEI Number

59-0787507

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME PORTER, EDWARD A
STREET ADDRESS 1500 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33607

TITLE V ☒ Delete
NAME HULT, FRANK A
STREET ADDRESS 1500 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33607

TITLE P ☐ Delete
NAME SNYDER, DANA A.
STREET ADDRESS 1500 N. DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33607

TITLE AT ☐ Delete
NAME EISCH, CYNTHIA B
STREET ADDRESS 1500 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP

TITLE Executive VCOO ☐ Change ☒ Addition
NAME W. Michael McDonald
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP Tampa, FL 33607

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME William F. Ohrt
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP Tampa, FL 33607

TITLE VD ☐ Change ☒ Addition
NAME Joseph J. Troy
STREET ADDRESS 4211 W. Boy Scout Blvd.
CITY-ST-ZIP Tampa, FL 33607

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By Cynthia B. Eisch **Cynthia B. Eisch, Asst. Treasurer** 2/15/2002 813.871.4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)