

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 292103

1. Entity Name
HEACOCK INSURANCE GROUP, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90054 023 ***150.00

Principal Place of Business
211 SOUTH RIDGEWOOD DR
P.O. BOX 770
SEBRING FL 33871-0770
US

Mailing Address
211 SOUTH RIDGEWOOD DR
P.O. BOX 770
SEBRING FL 33870

2. Principal Place of Business
211 S. RIDGEWOOD DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 9600
Suite, Apt. #, etc.

City & State
SEBRING, FLORIDA
Zip
33870
Country
USA

City & State
SEBRING, FLORIDA
Zip
33871-9923
Country
USA

4. FEI Number 59-1119588
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEACOCK JR, FORD W
2713 NE LAKEVIEW DRIVE
SEBRING FL 33870

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	VD
NAME	JOHNSON, D. CRAIG	NAME	JOHNSON, D. CRAIG
STREET ADDRESS	1100 NUNCESSOWEE AVE.	STREET ADDRESS	1100 NANCESSOWEE AVE.
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VD	TITLE	T
NAME	HEACOCK, AUSTIN M	NAME	NITZ, DAVID
STREET ADDRESS	100 S HUCKLEBERRY LK DR	STREET ADDRESS	1507 8TH AVE.
CITY-ST-ZIP	SEBRING FL 33172	CITY-ST-ZIP	SEBRING, FL 33872
TITLE	D	TITLE	DP
NAME	HEACOCK, FORD W III	NAME	HEACOCK, FORD W. III
STREET ADDRESS	2713 NE LAKEVIEW DR	STREET ADDRESS	4638 SHERWOOD LANE
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VD	TITLE	
NAME	DURRANCE, LESLIE H	NAME	
STREET ADDRESS	4532 BEACHWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	JOHNSON, BETH E	NAME	
STREET ADDRESS	1100 NANCESOWEE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	TERRELL, CATHY C	NAME	
STREET ADDRESS	112 HOLMES CT	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	CITY-ST-ZIP	

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: David M. Nitz DAVID M. NITZ 4/18/01 (863) 385-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #