## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 292103**

Title:

Name:

Address:

City-St-Zip:

Entity Name: HEACOCK INSURANCE GROUP, INC

FILED Apr 17, 2002 8:00 AM Secretary of State

Entity Name: HEACOCK INSURANCE GROUP, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
211 S RIDG SEBRING,	SEWOOD DR FL 33870 L	JS					
Current Ma	ailing Address	s:	New Mailir	New Mailing Address:			
PO BOX 96 SEBRING,	600 FL 338719923						
FEI Number:	59-1119588	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	JR,FORD W AKEVIEW DRIN FL 33870 L	/E JS					
The above in the State		ubmits this statement for the pur	pose of changing it	s registered	office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agent	t		Date		
		satisfy its Intangible Tax filing requir Trust Fund Contribution ( ).	ement and elects to d	o so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () JOHNSON, D. C 1100 NANCESS SEBRING, FL 3	OWEE AVE	Title: Name: Address: City-St-Zip:	(	)Change ()Addition		
Title: Name: Address: City-St-Zip:	T () NITZ, DAVID 1507 8TH AVENI SEBRING, FL 3		Title: Name: Address: City-St-Zip:	D/T ( TAVENIERE, 4612 BUNKEI SEBRING, FL	R DRIVE		
Title: Name: Address: City-St-Zip:	DP () HEACOCK, FOR 4638 SHERWOO LAKELAND, FL	DD LANE	Title: Name: Address: City-St-Zip:	(	)Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () JOHNSON, BETI 1100 NANCESO SEBRING, FL 3	WEE AVE.	Title: Name: Address: City-St-Zip:	VD ( JOHNSON, BI 1100 NANCES SEBRING, FL	SOWEE AVE.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

D/S

TERRELL, CATHY C

SEBRING, FL 33872

112 HOLMES CT

(X) Change ( ) Addition

SIGNATURE: JAMES W. TAVENIERE D/T 04/17/2002

( ) Delete

TERRELL, CATHY C

SEBRING, FL 33872

112 HOLMES CT