

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90132 032 ***150.00

DOCUMENT # 409146

1. Entity Name
DEPENDABLE INSURANCE GROUP, INC.

Principal Place of Business Mailing Address
RIVERSIDE GROUP, INC. **C/O RIVERSIDE GROUP, INC.**
BELFORT PKWY., SUITE 100 **7800 BELFORT PKWY., SUITE 100**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256-6920**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1433900** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GRAY, CATHERINE J. Name
7800 BELFORT PKWY. Street Address (P.O. Box Number is Not Acceptable)
SUITE 100
JACKSONVILLE FL 32256 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	SVPC	GRAY, CATHERINE J 7800 BELFORT PKWY JACKSONVILLE FL		Horton, Alyson	7800 Belfort Parkway, Ste 100 Jacksonville, FL 32256
	DPC	WILSON, J. STEVEN 7800 BELFORT PKWY JACKSONVILLE FL		ATC	Turvey, Susan H 7800 Belfort Parkway, Ste. 100 Jacksonville, FL 32256
	AS	AVERITT, BARRY ONE INDEPENDANT DR. STE 2000 JACKSONVILLE FL 32202			

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 I've empowered.

SIGNATURE: Catherine J. Gray 4/29/00 (904) 281-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)