

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 422421 ✓

1. Entity Name

Tower Hill Insurance Group Inc.

Principal Place of Business

7201 NW 11th Place
Gainesville, FL 32605

Mailing Address

P.O. Box 147018
Gainesville, FL 32614-7018

ATTN: Legal Compliance

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1461078

Applied For

Not Applicable

5. Certificate of Status Desired ☒ 2

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Shively, William J.
7201 NW 11th Place
Gainesville, FL 32605

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 life 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
Shively, William J.
7201 NW 11th Place
Gainesville FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
C/P/T ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
Shively, William J.
7201 11th Place
Gainesville FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
COO
Rohs, Thomas J.
7201 NW 11th Place
Gainesville FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
COO
Matz, Donald C. (Jr.)
7201 NW 11th Place
Gainesville FL 32605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
Palmquist, Jonathan
7201 NW 11th Place
Gainesville, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan B. Palmquist

Date

3/7/01

1-800-509-1592

Daytime Phone #

CR2E034 (11/00)