

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 474826

1. Entity Name
SOUTHERN ASSURANCE COMPANY, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90032 020 ***550.00

Principal Place of Business

2908 KINGS HARBOUR RD
PANAMA CITY FL 32405
US

Mailing Address

2908 KINGS HARBOUR RD
PANAMA CITY FL 32405
US

2. Principal Place of Business

1245 Padgett Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 159
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Youngstown, FL
Zip 32406 Country U.S.

City & State

LYNN HAVEN, FL
Zip 32444 Country U.S.

4. FEI Number 59-1583721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, JOHN H
2908 KINGS HARBOUR RD
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

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

1245 Padgett Dr.

City

Youngstown

FL

Zip Code

32406

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME HANCOCK, JOHN H.
STREET ADDRESS 2908 KINGS HARBOUR RD
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Hancock, John H.
STREET ADDRESS 1245 Padgett Dr
CITY-ST-ZIP Youngstown, FL 32406 ☒ Change ☐ Addition

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

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2000 (850) 269-3116
Date Daytime Phone #

CR2E034 (5/00)