

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90192 026 \*\*\*150.00

**DOCUMENT # 479261**

1. Entity Name

GULF ATLANTIC INSURANCE AGENCY, INC. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**400 CARILLON PARKWAY**

3. Mailing Address  
**3900 LAKELAND DRIVE**

Suite, Apt. #, etc.  
**STE. 300**

Suite, Apt. #, etc.  
**STE. 400**

City & State  
**ST. PETERSBURG, FL**

City & State  
**JACKSON, MS**

Zip  
**33716**

Country  
**USA**

Zip  
**39232**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1608916**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **ANDERSON, MICHAEL D.**

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

**400 CARILLON PARKWAY, STE 300**

City **ST. PETERSBURG, FL** Zip Code **33716**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP MICHAEL D. ANDERSON  
400 CARILLON PARKWAY, STE 300  
ST. PETERSBURG, FL 33716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPS JOHN E. GOUGH  
3900 LAKELAND DRIVE, STE 400  
JACKSON, MS 39232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T GARRY C. GUTGESELL  
400 CARILLON PARKWAY, STE 300  
ST. PETERSBURG, FL 33716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D DWAYNE HAWKINS  
400 CARILLON PARKWAY, STE 300  
ST. PETERSBURG, FL 33716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO ADAM D. LAMNIN  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP ARTHUR W. HEGGEN  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Michael D. Anderson**

**727-556-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)