

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # 484591**1. Entity Name
SIGNATURE INSURANCE GROUP, INC.

Principal Place of Business

47 SOUTHWEST 17TH STREET

OCALA
344745141

US

FL

Mailing Address

47 SOUTHWEST 17TH STREET

OCALA
344745141

US

FL

2. Principal Place of Business

3. Mailing Address

P. O. BOX 1438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA

FL

Zip

Country

Zip

Country

33601-134

US

4. FEI Number

59-1618128

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

GRAMMIG LAUREL L
401 E JACKSON ST
STE 1700
TAMPA
33602 US

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/01/2001

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-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
P
BRIDGES C R
401 E JACKSON ST STE 1700
TAMPA FL 33602TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
C
BROWN J H
220 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
T
HENDERSON JIM
220 S RIDGEWOOD AVE
DAYTONA FL 32114TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
VS
GRAMMIG LAUREL L
401 E JACKSON ST STE 1700
TAMPA FL 33602TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VPAS
DONEGAN, JR. THOMAS M
401 E. JACKSON ST., STE. 1700
TAMPA FL 33602TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
P
BRIDGES C. ROY
401 E JACKSON ST STE 1700
TAMPA FL 33602TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
T
WALKER CORY T
220 S RIDGEWOOD AVE
DAYTONA FL 32114TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
DVS
GRAMMIG LAUREL L
401 E JACKSON ST STE 1700
TAMPA FL 33602TITLE
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: LAUREL L. GRAMMIG

DVPS

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)