

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649823

1. Entity Name

SOUTHERN PROTECTIVE LIFE INSURANCE COMPANY

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90129 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1725 MEMORIAL PARK DR  
JACKSONVILLE FL 32204

1725 MEMORIAL PARK DR  
JACKSONVILLE FL 32204-4117

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 **59-1957319**

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

THE INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITAL BUILDING  
TALLAHASSEE FL 32301

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)

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, 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 **D** ☐ Delete  
NAME **GRAHAM, SARA D**  
STREET ADDRESS **3787 ORTEGA BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **R** ☐ Change ☒ Addition  
NAME ~~GEIGER, STEWART R~~  
STREET ADDRESS ~~607 MCCOLLUM CIRCLE~~  
CITY-ST-ZIP ~~NEPTUNE XXXXXXXXXXXXXXXXXX~~

TITLE **PD** ☐ Delete  
NAME **MCRAE JR, WALTER A**  
STREET ADDRESS **1725 MEMORIAL PARK DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32204-4117**

TITLE **T** ☐ Change ☒ Addition  
NAME **GEIGER, STEWART R**  
STREET ADDRESS **1725 MEMORIAL PARK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204-4117**

TITLE **D** ☐ Delete  
NAME **WASHINGTON, PATRICIA M**  
STREET ADDRESS **8454 WAETHERLY RD**  
CITY-ST-ZIP **JACKSONVILLE FL 34601**

TITLE **T** ☒ Change ☐ Addition  
NAME **MATHENY JR, LAWRENCE M**  
STREET ADDRESS **8454 WEATHERLY RD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **SD** ☐ Delete  
NAME **MATHENY, LAWRENCE M**  
STREET ADDRESS **701 FISK ST. #310**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VD** ☐ Delete  
NAME **GRAHAM JR, HENRY HARRIS**  
STREET ADDRESS **701 FISK STREET SUITE 310**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Delete  
NAME **WINSTON, JAMES H**  
STREET ADDRESS **645 RIVERSIDE AVE #619**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Change ☐ Addition  
NAME **WINSTON, JAMES H**  
STREET ADDRESS **645 RIVERSIDE AVE #619**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)