

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90116 024 ***150.00

DOCUMENT # 649823

1. Entity Name
SOUTHERN PROTECTIVE LIFE INSURANCE COMPANY



Principal Place of Business
**1725 MEMORIAL PARK DR
JACKSONVILLE FL 32204**

Mailing Address
**1725 MEMORIAL PARK DR
JACKSONVILLE FL 32204**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **BROOKSVILLE, FL 34601-5305**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 RIVERSIDE PARK PL STE 200**
CITY-ST-ZIP **JACKSONVILLE FL 32204-3342**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 RIVERSIDE PARK PL STE 310**
CITY-ST-ZIP **JACKSONVILLE FL 32204-3343**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stewart Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)