

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719209**

1. Entity Name

FLORIDA PREMIUM FINANCE ASSOCIATION, INC.

Principal Place of Business

1264 TIMBERLANE ROAD
P.O. BOX 3068
TALLAHASSEE FL 32312-1710

Mailing Address

P.O. BOX 680340
4TH FL
N. MIAMI FL 33168-0340
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GOCKENBACK, BARBARA
12501 N.W. 7TH AVE.
4TH FL
N. MIAMI FL 33168

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOCKENBACH, BARBARA
12501 NW 7TH AVE
MIAMI FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
PEEPLES, BROOKISIE
5750 MARGATE BLVD. STE 201
MARGATE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ERWIN, BILL J
701 SISK ST. STE 350
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President/Director
Jim Sweat
2928 Wellington Circle #101
Tallahassee, FL 32312 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

305-681-7401

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-22-2001 90037 027 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

CR2E037 (10/00)