

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 743976****1. Entity Name**
FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION**Principal Place of Business**
C/O THE FLORIDA BAR
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399**Mailing Address**
C/O THE FLORIDA BAR
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1932693

Applied For

Not Applicable

Zip Country

Zip Country

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**FERDIE, AINSLEE R.
717 PONCE DE LEON
SUITE 215
CORAL GABLES FL 33134Name
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 AINSLEE R. FERDIE****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR RAYFORD H			NAME			
STREET ADDRESS	317 N. CALHOUN ST.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, G. DAN			NAME			
STREET ADDRESS	650 APALACHEE PKY.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFRESNE, ELIZABETH			NAME			
STREET ADDRESS	200 S BISCAYNE BLVD#4000			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERDIE, AINSLEE R.			NAME			
STREET ADDRESS	717 PONCE DE LEON, #215			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAY, GREGORY G.			NAME			
STREET ADDRESS	5318 BALSAM STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: Ainslee R. Ferdie D 04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)