

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-19-2000 90022 005 ****61.25

DOCUMENT # 770542

1. Entity Name

WORKERS' COMPENSATION CARRIERS OF FLORIDA, INC.

Q *R*

Principal Place of Business: 116 S MONROE ST, STE 300, TALLAHASSEE FL 32301, US
 Mailing Address: P O BOX 946, P.O. BOX 946, TALLAHASSEE FL 32302-0946, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Zip Country: Country

4. FEI Number: 59-2342530
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STAHL, THOMAS W.
 116 S MONROE ST
 3RD FL
 TALLAHASSEE FL 32301

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | D | <input type="checkbox"/> Delete |
| NAME | EMERSON, JIM | |
| STREET ADDRESS | 302 S MASSACHUSETTS AV | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | PRICE, EARL | |
| STREET ADDRESS | 4401 E COLONIAL DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, EARL | |
| STREET ADDRESS | 9495 REGENCY SQUARE BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | OBERHARDT, DORIS | |
| STREET ADDRESS | 1363 E LAFAYETTE ST | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | President & Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas W. Stahl | |
| STREET ADDRESS | 116 S. Monroe St., Suite 300 | |
| CITY-ST-ZIP | Tallahassee, FL 32301 | |
| TITLE | VP & Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Eric D. Prutsman | |
| STREET ADDRESS | 116 S. Monroe St., Suite 300 | |
| CITY-ST-ZIP | Tallahassee, FL 32301 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowers.

SIGNATURE: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 850-681-6265
Date Daytime Phone #

CR2E037 (9/99)