

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830709

1. Entity Name

ARISTAR INSURANCE COMPANY

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90037 026 \*\*\*150.00

Principal Place of Business

Mailing Address

HIDDEN RIVER CORP. PARK  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637  
US

HIDDEN RIVER CORP. PARK  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1022  
US

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

04-2275299

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

GARNER, JAMES R SR.  
CAPITOL BUILDING  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	SVSD GARNER, JAMES R	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input type="checkbox"/>
	PD CHAPMAN, CRAIG C	8900 GRAND OAK CIR	TAMPA FL	<input type="checkbox"/>
	SVD SHIGLEY HENRY F	8900 GRAND OAK CIRCLE	TAMPA FL 33637	<input type="checkbox"/>
	AS THURSTON, BEVERLY	8900 GRAND OAK CIRCLE	TAMPA FL 33637	<input type="checkbox"/>
	SVTD WISDORF, DOUGLAS G	8900 GRAND OAK CIR	TAMPA FL 33637	<input checked="" type="checkbox"/>
	SVD WHITING, GARY E	8900 GRAND OAK CIR	TAMPA FL 33637	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SV/T/D PHILIP GOODEVE	8900 GRAND OAK CIRCLE	TAMPA, FL 33637	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Beverly Thurston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY THURSTON 3/2/00

Date

Daytime Phone #

(813) 632-4500

CR2E034 (9/99)