

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90041 035 \*\*\*150.00

05/21/2001

**DOCUMENT # 830709**

1. Entity Name

**ARISTAR INSURANCE COMPANY**

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  
 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, 2001 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 SVSD ☐ Delete  
 NAME GARNER, JAMES R  
 STREET ADDRESS 8900 GRAND OAK CIRCLE  
 CITY-ST-ZIP TAMPA FL 33637-1050

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

TITLE PD ☐ Delete  
 NAME CHAPMAN, CRAIG C  
 STREET ADDRESS 8900 GRAND OAK CIR  
 CITY-ST-ZIP TAMPA FL

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

TITLE SVD ☐ Delete  
 NAME SHIGLEY HENRY F  
 STREET ADDRESS 8900 GRAND OAK CIRCLE  
 CITY-ST-ZIP TAMPA FL 33637

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

TITLE AS ☐ Delete  
 NAME THURSTON, BEVERLY  
 STREET ADDRESS 8900 GRAND OAK CIRCLE  
 CITY-ST-ZIP TAMPA FL 33637

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

TITLE SVTD ☒ Delete  
 NAME GOODEVE, PHILIP  
 STREET ADDRESS 8900 GRAND OAK CIR  
 CITY-ST-ZIP TAMPA FL 33637

TITLE SVTD ☐ Change ☒ Addition  
 NAME Richard M. Levy  
 STREET ADDRESS 8900 Grand Oaks Circle  
 CITY-ST-ZIP Tampa, FL 33637

TITLE SVD ☐ Delete  
 NAME WHITING, GARY E  
 STREET ADDRESS 8900 GRAND OAK CIR  
 CITY-ST-ZIP TAMPA FL 33637

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*

BEVERLY THURSTON

4/27/01

(813)632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)