

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90331 007 ***150.00

DOCUMENT # 830709

1. Entity Name

ARISTAR INSURANCE COMPAMY

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2275299

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

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, 2002 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 ☐ Delete
NAME **SVSD**
STREET ADDRESS **GARNER, JAMES R**
CITY-ST-ZIP **8900 GRAND OAK CIRCLE
TAMPA FL 33637-1050**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CHAPMAN, CRAIG C**
CITY-ST-ZIP **8900 GRAND OAK CIR
TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **SVD**
STREET ADDRESS **SHIGLEY HENRY F**
CITY-ST-ZIP **8900 GRAND OAK CIRCLE
TAMPA FL 33637**TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Daniel J. Gilbert**
CITY-ST-ZIP **8900 Grand Oak Circle
Tampa, FL 33637**TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **THURSTON, BEVERLY**
CITY-ST-ZIP **8900 GRAND OAK CIRCLE
TAMPA FL 33637**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SVTD**
STREET ADDRESS **LEVY, RICHARD**
CITY-ST-ZIP **8900 GRAND OAK CIR
TAMPA FL 33637**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SVD**
STREET ADDRESS **WHITING, GARY E**
CITY-ST-ZIP **8900 GRAND OAK CIR
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)(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

April 4, 2002 813-632-4555

Date

Daytime Phone #

CR2E034 (9/01)