

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90209 016 \*\*\*150.00

**DOCUMENT # 830709**

1. Entity Name  
**ARISTAR INSURANCE COMPANY**



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**



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  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND BLVD.**

City  
**PLANTATION**

**FL**

Zip Code  
**33324**

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. I am familiar with, and accept the obligations of registered agent.

**BABARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

SIGNATURE *Barbara A Burke*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/17/03*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD GARNER, JAMES R 8900 GRAND OAK CIRCLE TAMPA FL 33637-1050</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHAPMAN, CRAIG C 8900 GRAND OAK CIR TAMPA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILBERT, DANIEL J 8900 GRAND OAK CIRCLE TAMPA FL 33637</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THURSTON, BEVERLY 8900 GRAND OAK CIRCLE TAMPA FL 33637</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVTD LEVY, RICHARD 8900 GRAND OAK CIR TAMPA FL 33637</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD WHITING, GARY E 8900 GRAND OAK CIR TAMPA FL 33637</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MICHELLE COE 999 THIRD AVE. SEATTLE, WA 98104</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPDARD RICHARD E. GODDARD (ELVIS) 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP F. HERBERT HARTMAN 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBERT MILES 1201 THIRD AVE. SEATTLE, WA 98101</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVPS DEBORAH ROSE TRACY 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Beverly Thurston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/03*

*83-UBR-4555*

Date

Daytime Phone #

CR2E034 (10/02)