

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90151 023 \*\*\*150.00

**DOCUMENT # F01000002538**

1. Entity Name  
**PEGASUS INSURANCE COMPANY**

Principal Place of Business  
**10475 FORTUNE PARKWAY, SUITE 103**  
**JACKSONVILLE FL 32256**

Mailing Address  
**10475 FORTUNE PARKWAY, SUITE 103**  
**JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**200 Executive Way**

3. Mailing Address  
**200 Executive Way**

Suite, Apt. #, etc.  
**Suite 210**

Suite, Apt. #, etc.  
**Suite 210**

City & State  
**Ponte Vedra Beach, FL**

4. FEI Number **13-3352328**

Applied For  
☐ Not Applicable

Zip  
**32082**

Country  
**USA**

Zip  
**32082**

Country  
**USA**

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**

**FLYNN, SCOTT M.B.**  
**10475 FORTUNE PARKWAY, SUITE 103**  
**JACKSONVILLE FL 32256**

Name  
**J. John Wortman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 Executive Way**  
**Suite 210**  
**Ponte Vedra Beach FL** Zip Code **32082**

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.

SIGNATURE **J. John Wortman President** **J. John Wortman** **8-15-02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **WORTMAN, J. JOHN**  
 STREET ADDRESS **91 SAN JUAN DRIVE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **V** ☒ Delete  
 NAME **BROCKELMAN, MARK P**  
 STREET ADDRESS **3840 FENWICK ISLAND DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **V** ☒ Delete  
 NAME **MITCHELL, CLIFTON G**  
 STREET ADDRESS **5069 TOPROYAL LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 2082**

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

TITLE **V** ☒ Delete  
 NAME **CODY, MICHAEL P**  
 STREET ADDRESS **4810 POST POINTE DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE **CD** ☐ Delete  
 NAME **CAHOON, ARTHUR L**  
 STREET ADDRESS **1946 RIVER ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **D** ☐ Delete  
 NAME **SMITH, ROBERT L**  
 STREET ADDRESS **1982 RIVER ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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: **J. John Wortman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/02**  
Date

Daytime Phone #

CR2E034 (4/02)



Attachment

FO1000002538

124046

PEGASUS INSURANCE COMPANY  
200 Executive Suite 210  
Ponte Vedra Beach, Florida 32082

August 15, 2002

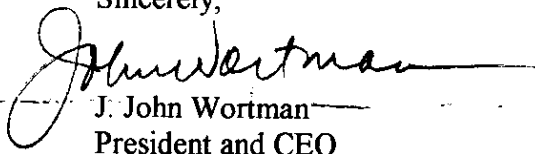
Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Waiver of late filing fee

Dear Sir:

Enclosed is the 2002 Uniform Business Report for Pegasus Insurance company together with the filing fee of \$150.00. We respectfully request that you waive the late filing fee. Pegasus did not receive the first notice sent by the Department until approximately August 10, 2002. We are enclosing the front page of the notice showing the old address of Pegasus. Pegasus moved from the address indicated in October 2001 and the current address of Pegasus Insurance Company is: 200 Executive Way, Suite 210, Ponte Vedra Beach, Florida 32082. If you need any additional information to support this request for the waiver please advise.

Sincerely,

  
J. John Wortman  
President and CEO