

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001968

1. Entity Name

EMPLOYER'S UNDERWRITERS, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90092 014 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX B  
DECATUR AL 35602-9002

P.O. BOX B  
DECATUR AL 35602-9002

C0007136



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 **63-1064649**

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

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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 PD ☐ Delete  
NAME NABORS, ROEL  
STREET ADDRESS 1423 MODAUS ROAD SW  
CITY-ST-ZIP DECATUR AL 35603

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

TITLE VPD ☐ Delete  
NAME NABORS, JONATHAN  
STREET ADDRESS 1007 FAIR MEADOW TRAIL  
CITY-ST-ZIP MT. JULIET TN 37122

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

TITLE S ☒ Delete  
NAME BYARS, MELISSA  
STREET ADDRESS 2180 WESTBURY CT SW  
CITY-ST-ZIP DECATUR AL 35603

TITLE S ☐ Change ☒ Addition  
NAME CROSS, JANIE  
STREET ADDRESS 109 KIMBERLY ST SE  
CITY-ST-ZIP DECATUR AL 35603

TITLE T ☐ Delete  
NAME MONTGOMERY, SUSIE  
STREET ADDRESS 3001 SARATOGA SQUARE SW  
CITY-ST-ZIP DECATUR AL 35603

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Roel Nabors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROEL NABORS

1/12/00

Date

256-341-0600

Daytime Phone #

CR2E034 (10/00)

0563513