

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000000433

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

**Entity Name:** HERITAGE INSURANCE MANAGERS, INC.

**Current Principal Place of Business:**

909 N.E. LOOP 410  
SUITE 400  
SAN ANTONIO, TX 78209

**New Principal Place of Business:**

**Current Mailing Address:**

909 N.E. LOOP 410  
SUITE 400  
SAN ANTONIO, TX 78209

**New Mailing Address:**

**FEI Number:** 74-1315629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KING, VICTOR ADAIR  
Address: 909 N.E. LOOP 410  
City-St-Zip: SAN ANTONIO, TX 78209

Title: TVD ( ) Delete  
Name: KING, RICHARD WAYNE  
Address: 909 N.E. LOOP 410  
City-St-Zip: SAN ANTONIO, TX

Title: VSD ( ) Delete  
Name: ROBERTS, RANDALL JAMES  
Address: 909 N.E. LOOP 410  
City-St-Zip: SAN ANTONIO, TX

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL JAMES ROBERTS

VSD

01/22/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date