

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90064 047 ***150.00

DOCUMENT # F95000004799

1. Entity Name
IGIC MANAGEMENT COMPANY

Principal Place of Business

3645 CORTEZ RD. W.
#150
BRADENTON FL 34210

Mailing Address

3645 CORTEZ RD. W.
#150
BRADENTON FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 47-0778833

Applied For
 Not Applicable

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

PRIDGEN, GARY L
4300 LAKESIDE DR.
#13
JACKSONVILLE FL 32210

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS (CHANGES) TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **KOYEN, BERNARD L**
STREET ADDRESS **6101 34TH STREET W. UNIT 254**
CITY-ST-ZIP **BRADENTON FL 34210**

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

TITLE **VS** ☐ Delete
NAME **KOYEN, CONNIE S**
STREET ADDRESS **6101 34TH STREET W. UNIT 254**
CITY-ST-ZIP **BRADENTON FL 34210**

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

TITLE **CFOV** ☐ Delete
NAME **PRIDGEN, GARY L**
STREET ADDRESS **4300 LAKESIDE DR., #13**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete
NAME **MULLER, RICHARD**
STREET ADDRESS **505 S 93RD AVE**
CITY-ST-ZIP **OMAHA NE 68114**

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

TITLE **D** ☐ Delete
NAME **JOST, STEVEN**
STREET ADDRESS **6535 SOUTH DAYTON**
CITY-ST-ZIP **LAKEWOOD CO 80111**

TITLE ☒ Change ☐ Addition
NAME **JOST, STEVEN**
STREET ADDRESS **6200 S. Troy Drive, Ste 210**
CITY-ST-ZIP **Englewood, CO 80111**

TITLE **D** ☐ Delete
NAME **SKAER, ROGER D D.D.S.**
STREET ADDRESS **7210 CEDARIDGE CIRCLE**
CITY-ST-ZIP **WICHITA KS 67226**

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: *Gary Pridden* **SIGNATURE REQUIRED** *Pridden CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/2002 904-384-1111
 Date Daytime Phone #

CR2E034 (9/01)