

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002379

1. Entity Name

FINANCIAL INSURANCE MANAGEMENT CORPORATION OF LO
(The Financial Group Administrators, Inc.) Approved on 12/21/99.

Principal Place of Business

2555 SEVERN AVE., #200
METAIRIE LA 70002

Mailing Address

2555 SEVERN AVE., #200
METAIRIE LA 70002-5938

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

72-1022066

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

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, 2000 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 ☐ Delete
NAME **PD**
STREET ADDRESS **PANNO, JACK P**
CITY-ST-ZIP **25 ORIOLE STREET**
NEW ORLEANS LA 70124

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **Poteet, Cheryl L.**
CITY-ST-ZIP **1309 Carrollton Ave., #115**
Metairie, LA. 70005

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **KRAUS, FRANK C JR**
CITY-ST-ZIP **4713 CONLIN ST.**
METAIRIE LA 70006

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MCCOLLUM, RICHARD H**
CITY-ST-ZIP **1013 RIDGEFIELD DR.**
LAPLACE LA 70068

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **COOK, TRAVIS L**
CITY-ST-ZIP **3708 HENICAN PLACE**
METAIRIE LA 70003

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **MIRE, PATRICIA A**
CITY-ST-ZIP **1322 PATRIOT DR**
SLIDELL LA 70458

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Monjure, Patricia M.**
CITY-ST-ZIP **1322 Patriot Drive**
Slidell, LA. 70458

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER, EDITH L**
CITY-ST-ZIP **1028 ARABELLA STREET**
NEW ORLEANS LA 70115

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack P. Panno, President

3/15/2000

Date

(504) 456-0101

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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