

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000002379

FILED
Jan 29, 2003
Secretary of State

Entity Name: THE FINANCIAL GROUP ADMINISTRATORS, INC.

Current Principal Place of Business:

2555 SEVERN AVE.,#200
METAIRIE, LA 70002

New Principal Place of Business:

2555 SEVERN AVE.,
METAIRIE, LA 70002

Current Mailing Address:

2555 SEVERN AVE.,#200
METAIRIE, LA 70002

New Mailing Address:

2555 SEVERN AVE.
METAIRIE, LA 70002

FEI Number: 72-1022066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PANNO, JACK P
Address: 25 ORIOLE STREET
City-St-Zip: NEW ORLEANS, LA 70124

Title: VTD () Delete
Name: KRAUS, FRANK C JR
Address: 4713 CONLIN ST.
City-St-Zip: METAIRIE, LA 70006

Title: V () Delete
Name: MCCOLLUM, RICHARD H
Address: 1013 RIDGEFIELD DR.
City-St-Zip: LAPLACE, LA 70068

Title: S () Delete
Name: MONJURE, PATRICIA M
Address: 3920 KENT AVENUE
City-St-Zip: METAIRIE, LA 70006

Title: D () Delete
Name: MILLER, EDITH L
Address: 1028 ARABELLA STREET
City-St-Zip: NEW ORLEANS, LA 70115

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:

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: JACK P. PANNO

PD

01/29/2003

Electronic Signature of Signing Officer or Director

Date