

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47401

1. Entity Name

BOWDITCH INSURANCE CORPORATION

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90067 005 \*\*\*150.00

Principal Place of Business

101 CENTURY 21 DRIVE  
200  
JACKSONVILLE FL 32216  
US

Mailing Address

PO BOX 16409  
JACKSONVILLE FL 32245  
US

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 59-2305660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWDITCH, RAYNOR E  
101 CENTURY 21 DRIVE  
SUITE 200  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME BOWDITCH, RAYNOR E  
STREET ADDRESS 7949 QUAILWOOD DR  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VS  
NAME SIMPSON, JUANITA W.  
STREET ADDRESS 3079 MISSION HILLS DR E  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V  
NAME PEDOULAS, JAMES  
STREET ADDRESS 2945 FOREST OAKS DRIVE  
CITY-ST-ZIP ORANGE PARK FL

TITLE V  
NAME BLACK, JAMES A  
STREET ADDRESS 6758 MADRID AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP  
NAME PRICE, JAMES S.  
STREET ADDRESS 323 SCENIC POINT LANE  
CITY-ST-ZIP ORANGE PARK FL

TITLE VP  
NAME Lee, Clara Michele  
STREET ADDRESS 12441 Running River Rd. S.  
CITY-ST-ZIP Jacksonville, FL 32225

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Cain, David L.  
STREET ADDRESS 14410 Pavilion Ct  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

Date

Daytime Phone #

CR2E034 (10/00)