

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H16549

FILED
Mar 05, 2003
Secretary of State

Entity Name: ROSS INSURANCE OF FLORIDA, INC.

Current Principal Place of Business:

5900 N ANDREWS AVE
STE 300
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5900 N ANDREWS AVE
STE 300
FORT LAUDERDALE, FL 33309

New Mailing Address:

PO BOX 1348
TAMPA, FL 33601 US

FEI Number: 59-2445801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L
401 E JACKSON ST
STE 1700
TAMPA, FL 33602

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: C () Delete
Name: BROWN, J H
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SVD () Delete
Name: GRAMMIG, LAUREL L
Address: 401 E JACKSON ST STE 1700
City-St-Zip: TAMPA, FL 33602

Title: P () Delete
Name: RILEY, TOM
Address: 5900 N ANDREWS AVE STE 300
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VPAS () Delete
Name: DONEGAN, JR, THOMAS M
Address: 401 E. JACKSON ST. STE. 1700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: LOWE, COLIN
Address: 5900 N. ANDREWS AVE., STE. 300
City-St-Zip: FT. LAUDERDALE, FL 33309

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:

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: LAUREL L. GRAMMIG

VPS

03/05/2003

Electronic Signature of Signing Officer or Director

Date