

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59669

1. Entity Name

SOUTH CENTRAL INSURERS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90016 043 ***150.00

Principal Place of Business

1233 E. OAK STREET
ARCADIA FL 33821-8900

Mailing Address

1233 E. OAK STREET
ARCADIA FL 34200-0903

2. Principal Place of Business

521 E. Hickory St
Suite, Apt. #, etc.

3. Mailing Address

521 E. Hickory St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Arcadia, FL

City & State

Arcadia, FL

4. FEI Number

59-2562224

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

34266

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUSE, GARY E.
1233 E. OAK STREET
ARCADIA FL 33821

Same person
new address ->

7. Name and Address of New Registered Agent

Name

GARY E. KRUSE

Street Address (P.O. Box Number is Not Acceptable)

521 EAST HICKORY ST

City

Arcadia

FL

Zip Code

34266

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

TITLE PD
NAME KRUSE, GARY E.
STREET ADDRESS 1233 E. OAK
CITY-ST-ZIP ARCADIA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KRUSE GARY E.
STREET ADDRESS 521 EAST HICKORY ST
CITY-ST-ZIP ARCADIA FL 34266 ☒ Change ☐ Addition

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

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

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

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

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

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 #

4/16/00 863-494-5028