

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H86960**1. Entity Name  
**AMERICAN UNDERWRITING MANAGEMENT, INC.****Principal Place of Business**220 S. RIDGEWOOD AVE.  
P O DRAWER 2412  
DAYTONA BEACH  
32115 US**Mailing Address**220 S. RIDGEWOOD AVE.  
P O DRAWER 2412  
DAYTONA BEACH  
32115 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2604340**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GRAMMIG LAUREL L.  
401 E JACKSON ST  
SUITE 1700  
TAMPA  
33602 US

FL

**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)

**03/01/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE T ☐ Delete  
NAME JIM W. HENDERSON  
STREET ADDRESS 220 S RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BEACH FLTITLE T ☒ Change ☐ Addition  
NAME WALKER CORY T  
STREET ADDRESS 220 S RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE DVP ☐ Delete  
NAME GRAMMIG LAUREL L.  
STREET ADDRESS 401 E JACKSON ST SUITE 1700  
CITY-ST-ZIP TAMPA FLTITLE VPS ☒ Change ☐ Addition  
NAME GRAMMIG LAUREL L  
STREET ADDRESS 401 E JACKSON ST SUITE 1700  
CITY-ST-ZIP TAMPA FL 33602TITLE V ☐ Delete  
NAME THOMAS, ROBERT III  
STREET ADDRESS 220 S. RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA BCH. FLTITLE V ☒ Change ☐ Addition  
NAME THOMAS III ROBERT  
STREET ADDRESS 220 S. RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA BCH. FL 32114TITLE P ☐ Delete  
NAME BROWN, J. HYATT  
STREET ADDRESS 220 S. RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA BCH. FLTITLE DP ☒ Change ☐ Addition  
NAME BROWN J. HYATT  
STREET ADDRESS 220 S. RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA BCH. FL 32114TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: LAUREL L. GRAMMIG**

VPS

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)