

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J07461**1. Entity Name  
**HALCYON UNDERWRITERS, INC.****Principal Place of Business**220 S. RIDGEWOOD AVENUE  
P. O. DRAWER 2412  
DAYTONA BCH.  
32115 US FL**Mailing Address**220 S. RIDGEWOOD AVENUE  
P. O. DRAWER 2412  
DAYTONA BCH.  
32115 US FL**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****59-2656392**

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.  
STE 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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOWNS LINDA A	
STREET ADDRESS	2600 LAKE LUCIEN DR, SUITE 102	
CITY-ST-ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAMMIG LAUREL L.	
STREET ADDRESS	401 E. JACKSON ST., STE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYONS PAUL	
STREET ADDRESS	2600 LAKE LUCIEN DR. STE 102	
CITY-ST-ZIP	MATILAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON, JIMMY WILSON	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, J. HYATT	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONEGAN, JR. THOMAS M	
STREET ADDRESS	401 E. JACKSON ST., STE. 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNS LINDA A	
STREET ADDRESS	2600 LAKE LUCIEN DR, SUITE 102	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMMIG LAUREL L.	
STREET ADDRESS	401 E. JACKSON ST., STE 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS PAUL	
STREET ADDRESS	2600 LAKE LUCIEN DR. STE 102	
CITY-ST-ZIP	MATILAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER CORY T	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN J. HYATT	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

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**

DVPS

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**HENDESON, JIM W., VP  
220 S. RIDGEWOOD AVE**

**DAYTONA BEACH, FL 32114**