

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61688

1. Entity Name

FIRST FLORIDA INSURERS OF TAMPA, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90002 036 ***150.00

940465



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3502 HENDERSON BLVD STE 300
TAMPA FL 33609

Mailing Address
3502 HENDERSON BLVD STE 300
TAMPA FL 33609-3947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2798509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULS, JOHN L., JR.
3502 HENDERSON BLVD STE 300
TAMPA FL 33609

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME PULS, JOHN LEO JR.
STREET ADDRESS 3502 HENDERSON BLVD #300
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE S/C
NAME PULS, JOHN LEO JR.
STREET ADDRESS 3502 HENDERSON BLVD STE 300
CITY-ST-ZIP TAMPA FL ☒ Change ☐ Addition

TITLE VP
NAME PULS, BRANDIE L.
STREET ADDRESS 3502 HENDERSON BLVD. #300
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE PS
NAME OREBAUGH, JOHN D.
STREET ADDRESS 3502 HENDERSON BLVD #300
CITY-ST-ZIP TAMPA FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Puls, Sec/Chair 813-875-8662

Date

Daytime Phone #

CR2E034 (9/99)