

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90004 022 \*\*\*150.00

**DOCUMENT # J74455**  
 1. Entity Name  
**FLORIDA LAWYERS MUTUAL INSURANCE COMPANY**

Principal Place of Business <b>3504 LAKE LYNDA DR          STE 325          ORLANDO FL 32817          US</b>	Mailing Address <b>3504 LAKE LYNDA DR          STE 325          ORLANDO FL 32817          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2810665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADDOCK, DONALD LAYTON</b> <b>2500 LYNNHAVEN TERRACE</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>FERRERO, RAYMOND R JR</b> <b>707 S E 3RD AVE S 600</b> <b>FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LAFACE, RONALD C</b> <b>101 E COLLEGE AVENUE</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOUCKS, WILLIAM E</b> <b>444 SEABREEZE BLVD S 900</b> <b>DAYTONA BCH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SMITH, AUBREY</b> <b>855 LADYFISH DR #D306</b> <b>NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DISQUE, PHILIP A</b> <b>707 SE 3RD AVENUE SUITE 400</b> <b>FT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Aubrey R Smith* 2/15/01 407-382-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
922029  
J74455

Corporation Annual Report 2000

Florida Lawyers Mutual Insurance Company  
Document # J74455 (3)

12. ADDITIONAL OFFICERS AND DIRECTORS

Title D  
Name GOODLETTE, J. DUDLEY  
Address 4001 TAMiami TRAIL N., SUITE 300  
NAPLES, FL 33940

Title D  
Name HARKNESS, JOHN F.  
Address 650 APALACHEE PARKWAY  
TALLAHASSEE, FL 32399-2300

Title D  
Name KENNY, JAMES J.  
Address 1100 MIAMI CENTER  
201 S. BISCAYNE BLVD.  
MIAMI, FL 33131

Title D  
Name LARRY, DENNIS K.  
Address 125 W. ROMANA  
ONE PENSACOLA PLAZA, STE 800  
PENSACOLA, FL 32501

Title D  
Name LYTAL, LAKE JR.  
Address 515 N. FLAGLER DRIVE, STE 1000  
WEST PALM BEACH, FL 33401

Title D  
Name RAPPENECKER, STEPHEN A.  
Address SUITE C, MERIDIEN CENTRE  
2700 N.W. 43rd STREET  
GAINESVILLE, FL 32606