

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # J 86042**  
**1. Entity Name**  
**AMERICAN INSURANCE ADMINISTRATORS, INC.**

**Principal Place of Business**      **Mailing Address**  
**2536 Countryside Blvd. 6th floor**      **2536 Countryside Blvd. 6th floor**  
**Clearwater, FL 33763**      **Clearwater, FL 33763**

**2. Principal Place of Business**      **3. Mailing Address**  
**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
**City & State**      **City & State**  
**Zip**      **Country**      **Zip**      **Country**

**6. Name and Address of Current Registered Agent**  
**THORNTON, MAURY R.**  
**2536 Countryside Blvd. 6th floor**  
**Clearwater, FL 33763**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**  
 05-13-2000 90047 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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**

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**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. ☐

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>P</b> <b>BOESH, GARY R.</b> <b>2536 Countryside Blvd. 6th floor</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSD</b> <b>Pepe, Dennis</b> <b>2536 Countryside Blvd. 6th floor</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>S</b> <b>Patrick, Wanita S.</b> <b>2536 Countryside Blvd. 3rd floor</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>Maury Thornton</b> <b>2536 Countryside Blvd. 6th floor</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

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**      **Maury Thornton 3/29/00 (727) 726-0726**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/99)