

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90023 004 \*\*\*150.00

**DOCUMENT # K35432**

1. Entity Name

**PREFERRED NATIONAL INSURANCE COMPANY**

Principal Place of Business

Mailing Address

UNIVERSITY DR STE 900  
SPRINGS FL 33071210 UNIVERSITY DR STE 900  
CORAL SPRINGS FL 33071-7320

2. Principal Place of Business

3. Mailing Address

**9201 Forest Hill Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**107**

City &amp; State

City & State  
**Richmond, VA**

Zip

Country

Zip  
**23235**Country  
**USA**4. FEI Number  
**65-0075940**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399**

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)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LATHAM, JOHN K 210 UNIVERSITY DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINSTEN, MICHAEL J 210 UNIVERSITY DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEICHOLZ, SCOTT 210 UNIVERSITY DR CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESCH, EDWARD 210 UNIVERSITY DR CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLS, DENNIS B 210 UNIVERSITY DR CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAM, JONATHAN A 210 UNIVERSITY DR CORAL SPRINGS FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Forest Hill Ave, STE 107 Richmond, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Forest Hill Ave, STE 107 Richmond, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Earhart, Steven P. 9201 Forest Hill Ave, STE 107 Richmond, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Forest Hill Ave., STE 107 Richmond, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Forest Hill Ave, STE 107 Richmond, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Forest Hill Ave, STE 107 Richmond, VA 23235

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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/24/00

Date

804-327-1711

Daytime Phone #

CR2E034 (9/99)