

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90073 025 \*\*\*150.00

**DOCUMENT # L38995**

**1. Entity Name**  
**SOUTHERN STATE LIFE & HEALTH INSURANCE AGENCY, I**  
**NC.**

**Principal Place of Business**

**923 DEL PUADO BLVD**  
**SUITE 205**  
**CAPE CORAL FL 33990**  
**US**

**Mailing Address**

**923 DEL PUADO BLVD**  
**SUITE 205**  
**CAPE CORAL FL 33990**  
**US**



**2. Principal Place of Business**

**923 DEL PRADO BLVD**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**923 DEL PRADO BLVD**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
**65-0165982**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

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

**GAFFORD, TOMMIE L.**

**923 DEL PUADO BLVD**

**# 205**

**CAPE CORAL FL 33990**

**DEL PRADO BLVD**

**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**

*Tommie L. Gafford*

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, 2002 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** **D** ☐ Delete  
**NAME** **GAFFORD, TOMMIE L.**  
**STREET ADDRESS** **231 SW 31ST STREET**  
**CITY-ST-ZIP** **CAPE CORAL FL 33914**

**TITLE** **D** ☐ Delete  
**NAME** **GAFFORD, NORMA J.**  
**STREET ADDRESS** **231 SW 31ST ST.**  
**CITY-ST-ZIP** **CAPE CORAL FL 33914**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

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

**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:**

*Tommie L. Gafford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/02**

Date

**(41) 573-6700**

Daytime Phone #

CR2E034 (9/01)