

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90004 023 ***150.00

DOCUMENT # L43055

1. Entity Name

EMPLOYERS MUTUAL INC.

Principal Place of Business

9716 SAN JOSE BLVD
STE 200
JACKSONVILLE FL 32257
US

Mailing Address

9716 SAN JOSE BLVD.
STE. 200
JACKSONVILLE FL 32257-5436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2989676

Applied For

Not Applicable

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

TIPPINS, JOHN
9716 SAN JOSE BLVD, STE 200
JACKSONVILLE FL 32257

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 D ☐ Delete
NAME MUELLER, MARKUS
STREET ADDRESS 9716 SAN JOSE BLVD. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D, P, CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ANDERSON, WYLIE L
STREET ADDRESS 9716 SAN JOSE BLVD., STE 200
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE V, COO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TIPPINS, JOHN M.
STREET ADDRESS 9716 SAN JOSE BLVD., STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE V, CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME BATIE, BOBBY N
STREET ADDRESS 9716 SAN JOSE BLVD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE DVAS ☒ Delete
NAME FINCH, ROBERT B
STREET ADDRESS 1000 RIVERSIDE AVE STE 800
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D, VP, AS ☐ Change ☒ Addition
NAME Byers, John R.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE DC ☐ Delete
NAME RUSSELL, WILLIAM R
STREET ADDRESS 1000 RIVERSIDE AVE STE 800
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☒ Change ☐ Addition
NAME Russell, William R.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

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
PEGGY A. PARKS

Date

Daytime Phone #

CR2E034 (9/99)