

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L49526

1. Entity Name

THE ROCK INSURANCE CORPORATION

FILED

Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90049 027 \*\*\*150.00

Principal Place of Business

Mailing Address

5103 MEMORIAL HWY.  
TAMPA FL 33634  
US

P. O. BOX 262125  
TAMPA FL 33685-2125  
US

2. Principal Place of Business

3. Mailing Address

8508 WOODBRIDGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

4. FEI Number

59-2991684

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

Country

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

ROQUE, ROCK E.  
8508 WOODBRIDGE BLVD  
TAMPA FL 33615

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 DP  
NAME ROQUE, E ROCK  
STREET ADDRESS 8508 WOODBRIDGE BLVD  
CITY-ST-ZIP TAMPA FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE DV  
NAME ROQUE, SUZANNE MARIE  
STREET ADDRESS 8508 WOODBRIDGE BLVD.  
CITY-ST-ZIP TAMPA FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE EVP  
NAME ROQUE JENNIE  
STREET ADDRESS 8508 WOODBRIDGE BLVD  
CITY-ST-ZIP TAMPA FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 (813) 889-9300

CR2E034 (9/99)