

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1-0071894 AF

DOCUMENT # L99000001004

1. Entity Name  
UNITED INSURANCE HOLDINGS, L.C.

00 MAY 24 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
333 THIRD AVENUE NORTH  
ST. PETERSBURG FL 33733

Mailing Address  
333 THIRD AVENUE NORTH  
ST. PETERSBURG FL 33701-3899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
100 SECOND AVE N  
Suite, Apt. #, etc.  
220

3. Mailing Address  
100 SECOND AVE N  
Suite, Apt. #, etc.  
220

City & State  
ST PETE, FL

City & State  
ST PETE, FL

4. FEI Number  
59-3562048

Applied For  
Not Applicable

Zip  
33701

Country  
USA

Zip  
33701

Country  
USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOX, RICHARD N JR.  
101 N. GADSDEN STREET  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANCH, GREG C 333 THIRD AVENUE NORTH ST. PETERSBURG FL 33733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILLY P. STUART MGR SECRETARY 100 SECOND AVE, N #220 ST PETE, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK BERSET MGR 100 SECOND AVE N, #220 ST PETE, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEIL SANDERSON MGR 333 THIRD AVE, N #220 ST PETE, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEV FULLERTON MGR 333 THIRD AVE, N ST PETE, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAT DELACEY MGR 333 THIRD AVE N ST PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Billy P. Stuart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

BILLY P. STUART 4/30/00 (120) 895-7737  
Date Daytime Phone #

CR2E083 (9/99)