

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0032604  
SP

DOCUMENT # **L99000001004**

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

Principal Place of Business  
~~100 SECOND AVENUE NORTH, SUITE 220  
ST. PETERSBURG FL 33701~~

Mailing Address  
~~100 SECOND AVENUE NORTH, SUITE 220  
ST. PETERSBURG FL 33701~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**100 2nd Ave N.**

3. Mailing Address  
**100 2nd Ave N.**

Suite, Apt. #, etc.  
**Ste 220**

Suite, Apt. #, etc.  
**Ste 220**

City & State  
**Saint Petersburg FL**

City & State  
**Saint Petersburg FL**

4. FEI Number **59-3562048**  
Applied For   
Not Applicable

Zip Country  
**33701-3338 USA**

Zip Country  
**33701-3338 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)  
**215 S. Monroe St., Ste 600**  
City **Tallahassee** FL Zip Code **32301**

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 \_\_\_\_\_

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

**500004275105--2**  
**-05/21/01--01193--027**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRANCH, GREG C 333 THIRD AVENUE NORTH ST. PETERSBURG FL 33733</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STUART, BILLY P 100 SECOND AVE. NORTH, SUITE 220 ST PETE FL 33701</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERSET, MARK 100 SECOND AVE. N., SUITE 220 ST PETE FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SAVAGE, NEIL 333 THIRD AVE. N. ST PETE FL 33733</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FULLERTON, KEN 333 THIRD AVE. N. ST PETE FL 33701</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DELACY, PAT 333 THIRD AVE. N. ST PETE FL 33701</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See attached sheet*

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 *Bill P. Stuart* **Bill P. Stuart** 4/27/01 727-895-7737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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UNITED INSURANCE HOLDINGS, L.C.

BLOCK 10. ADDITIONS/CHANGES TOMANAGING MEMBERS/MEMBERS IN 10

TITLE C/MGR  Change  Addition  
NAME Branch, Greg  
STRET ADDRESS 335 Northeast Watula Avenue  
CITY-ST-ZIP Ocala FL 34470

TITLE MGR  Change  Addition  
NAME Poitevint II, Alec L.  
STRET ADDRESS 1100 Dothan Road  
CITY-ST-ZIP Bainbridge GA 31717

TITLE MGR  Change  Addition  
NAME Aitken, Duncan  
STRET ADDRESS Latham House, 16 Minories  
CITY-ST-ZIP London England EC3N 1AX

TITLE MGR  Change  Addition  
NAME Berset, Mark  
STRET ADDRESS 1226 Serpentine Dr S  
CITY-ST-ZIP St. Petersburg FL 33705

TITLE MGR  Change  Addition  
NAME Delacey, Patrick  
STRET ADDRESS 550 W. Washington, Ste 1650  
CITY-ST-ZIP Chicago IL 60661

TITLE MGR  Change  Addition  
NAME Savage, Neil  
STRET ADDRESS 333 Third Ave N.  
CITY-ST-ZIP St. Petersburg FL 33701