

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90576 033 \*\*\*\*50.00

0019032

DOCUMENT # **L99000001004**

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

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

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

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

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

**SOX, RICHARD N JR.**  
**215 S. MONROE ST., STE. 600**  
**TALLAHASSEE FL 32307**

### 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**420 Office Plaza Drive**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>BRANCH, GREG C</b> <input type="checkbox"/> Delete<br><del>333 THIRD AVENUE NORTH</del><br><del>ST. PETERSBURG FL 33733</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>BERSET, MARK</b> <input type="checkbox"/> Delete<br><del>100 SECOND AVE. N., SUITE 220</del><br><del>ST. PETE FL 33701</del>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>SAVAGE, NEIL</b> <input type="checkbox"/> Delete<br><b>333 THIRD AVE. N.</b><br><b>ST. PETE FL 33733</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><del>DELCY, PAT</del> <input type="checkbox"/> Delete<br><del>333 THIRD AVE. N.</del><br><del>ST. PETE FL 33701</del>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C/MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Branch, Greg C.</b><br><b>335 NE Wakula Ave</b><br><b>Ocala, FL 34470</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Berset, Mark</b><br><b>1226 Serpentine Dr. S.</b><br><b>St. Petersburg, FL 33705</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Savage, Neil</b><br><b>333 Third Ave. N.</b><br><b>St. Petersburg, FL 33701</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DeLacey, Patrick</b><br><b>550 Washington, Ste 1650</b><br><b>Chicago, IL 60661</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Poitevint, Alec L. II</b><br><b>1100 Dothan Rd.</b><br><b>Bainbridge, GA 31717</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Aithen, Duncan</b><br><b>Latham House, 16 minorities</b><br><b>London UK EC3N 1AX</b> |

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*      **Billy P. Stuart**      4/18/02      727-895-7137

CR2E083 (9/01)