

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90104 038 \*\*\*\*50.00

0035340

**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

**700 Central Ave**      **700 Central Ave.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 302**      **Suite 302**

City & State      City & State

**St. Petersburg FL**      **St. Petersburg FL**

Zip      Country      Zip      Country

**33701**      **USA**      **33701**      **USA**



CHECK HERE IF MAKING CHANGES

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.~~  
**420 OFFICE PLAZA DR**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BRANCH, GREG C</b> <b>335 NE WAKULA AVE</b> <b>OCALA FL 34470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BERSET, MARK</b> <b>1220 SERPENTINE DR S</b> <b>SAINT PETERSBURG FL 33705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SAVAGE, NEIL</b> <b>333 THIRD AVE. N.</b> <b>SAINT PETERSBURG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DELACEY, PATRICK</b> <b>550 WASHINGTON STE 1650</b> <b>CHICAGO IL 60661</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>POITEVINT, ALEC L II</b> <b>1100 DOTHAN RD</b> <b>BAINBRIDGE GA 31717</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>AITHEN DUNCAN</b> <i>spelling</i> <input type="checkbox"/> Delete <b>LATHAM HOUSE 16 MINORIES</b> <b>LONDON, UK EC3-N1AX</b>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Berset, Mark</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 Beach Dr. SE, ste 230</b> <b>St. Petersburg FL 33701</b>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Aitken, Duncan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Latham House 16 Minories</b> <b>London UK EC3-N1AX</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:  **Donald J. Conin**      727-895-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)