

FILED
May 22, 2001 8:00 am
Secretary of State

04-26-2001 90010 039 *****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003005

1. Entity Name

TAMPA BAY UNDERWRITING & CLAIMS ASSOCIATION INC.

Principal Place of Business

NEW YORK INSURANCE COMPANY
 5505 W. CYPRESS ST., STE. 200
 TAMPA FL 33607

Mailing Address

NEW YORK INSURANCE COMPANY
 5505 W. CYPRESS ST., STE. 200
 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

RICE, DAN
 NEW YORK INSURANCE COMPANY
 5505 W. CYPRESS ST., STE. 200
 TAMPA FL 33607

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

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
 NAME PETTIFORD, WENDY D
 STREET ADDRESS P.O. BOX 5068
 CITY-ST-ZIP CLEARWATER FL 34618

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME RICE, DAN D
 STREET ADDRESS 5505 W. CYPRESS ST.
 CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Pittarelli, Matt D ☐ Delete
 NAME
 STREET ADDRESS 5505 W. Cypress St.
 CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel J. Rice (Daniel J. Rice) 4-19-01 (813) 288-5520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)