

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETTIFORD, WENDY
STREET ADDRESS	P.O. BOX 5068
CITY - ST - ZIP	CLEARWATER, FL 34618
TITLE	VD
NAME	RICE, DAN
STREET ADDRESS	5505 W. CYPRESS ST.
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	DD
NAME	PITTARELLI, MATT
STREET ADDRESS	5505 W CYPRESS ST
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/16/04-80008-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-04 813-288-5520