

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90160 018 ****61.25

DOCUMENT # N97000005221

1. Entity Name

FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY

Principal Place of Business

Mailing Address

1425 EAST PIEDMONT DR
 SUITE 201B
 TALLAHASSEE FL 32312
 US

P.O. BOX 15159
 TALLAHASSEE FL 32317-5159
 US

001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469214

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

ROBINSON, SANDRA J
1425 E PIEDMONT DR
SUITE 201B
TALLAHASSEE FL 32312

Name **Anthony M. Grippa**
 Street Address (P.O. Box Number is Not Acceptable)
1425 E. Piedmont Drive
Suite 201B
 City **Tallahassee** **FL** Zip Code **32312**

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 *Anthony M. Grippa*
Signature, typed or printed name of registered agent, and title if applicable.

Anthony M. Grippa, Exec. Dir. 1/10/00
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES ARE \$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

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TITLE NAME PC STAHL, TOM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 116 SOUTH MONROE STREET		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32302		CITY-ST-ZIP	
TITLE NAME D WHITE, FRANK	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 901 NW 51 STREET		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431-4425		CITY-ST-ZIP	
TITLE NAME D BRAUTIGAM, ROBERT J	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3350 BUSCHWOOD PARK DR, STE 245		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33618		CITY-ST-ZIP	
TITLE NAME DV JACOBS, G.W.	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2601 CATTLEMEN RD		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34232-6249		CITY-ST-ZIP	
TITLE NAME M GRIPPA, ANTHONY M	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1425 E PIEDMONT DRIVE SUITE 201B		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		CITY-ST-ZIP	
TITLE NAME ST ROBINSON, SANDRA J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1425 E PIEDMONT DRIVE SUITE 201B		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		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: *Sandra J. Robinson* **SIGNATURE REQUIRED SANDRA J. ROBINSON 1/6/00 (850) 386-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/99)

N97000005221
(701783)

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # N97000005221**

ADDITIONS

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, DIANE 227 S. ADAMS STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, JIM 302 S. MASSACHUSETTS AVE, STE. 207 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MICHAEL J. 240 CIRCLE DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESS, FRANK 19612 SW 69 TH PLACE FT. LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALCZYNSKI, RICHARD 680 ASYLUM STREET HARTFORD, CT 06115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EARL 9485 REGENCY SQUARE BLVD, SUITE 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICKNER, JOHN J. 21255 CALIFA STREET WOODLAND HILLS, CA 91367