

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102331

1. Entity Name

POE INSURANCE GROUP, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90005 035 \*\*\*150.00

Principal Place of Business  
C/O STEARNS WEAVER MILLER WESSLER, P.A.  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI FL 33130

Mailing Address  
C/O STEARNS WEAVER MILLER WESSLER, P.A.  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI FL 33130

2. Principal Place of Business  
511 W. Bay Street  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Tampa, FL 33606  
Zip  
Country

3. Mailing Address  
511 W. Bay Street  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Tampa, FL 33606  
Zip  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3684292  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SITTERSON, CURTIS H  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

JAN J. MEDER

4/25/01  
Date

813-259-4000  
Daytime Phone #

CR2E034 (10/00)

Attachment  
971066

**2001 UNIFORM BUSINESS REPORT (UBR)**

Attachment to Poe Insurance Group, Inc.

Document #P00000102331

Item 12 - Additions

P00000102331

C/D

William Frederick Poe, Sr.  
511 W. Bay Street, #400  
Tampa, FL 33606

VC/D

William Frederick Poe, Jr.  
511 W. Bay Street, #400  
Tampa, FL 33606

EVP/D

James Edward Wurdeman  
511 W. Bay Street, #400  
Tampa, FL 33606

S/T/CFO

Jan Jacob Meder  
511 W. Bay Street, #400  
Tampa, FL 33606

D

Charles Edwin Poe  
511 W. Bay Street, #400  
Tampa, FL 33606

D

Karen Poe Smith  
511 W. Bay Street, #400  
Tampa, FL 33606

D

Marilyn Poe Lunsdis  
511 W. Bay Street, #400  
Tampa, FL 33606

D

Janice Poe Mitchell  
511 W. Bay Street, #400  
Tampa, FL 33606