

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90160 014 ***150.00

DOCUMENT # P00000117976

1. Entity Name

HOMESITE INSURANCE COMPANY OF FLORIDA



Principal Place of Business
**106 E. COLLEGE AVE., #1200
TALLAHASSEE FL 32301**

Mailing Address
**106 E. COLLEGE AVE., #1200
TALLAHASSEE FL 32301**

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 **04-3489719**

Applied For

Not Applicable

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

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P**
NAME **FONDRIEST, FABIAN JOHN** ☐ Delete
STREET ADDRESS **94 ELM ST.**
CITY-ST-ZIP **CONCORD MA 01742**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Peter B. Settel**
STREET ADDRESS **4 Bowsprit Lane**
CITY-ST-ZIP **DUXBURY, MA 02332**

TITLE **D/S**
NAME **SCAVONGELLI, ANTHONY M** ☐ Delete
STREET ADDRESS **15 WINSLOW RD**
CITY-ST-ZIP **DUXBURY MA 02332**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Stephen D. Stayton**
STREET ADDRESS **71 Brick Hill Lane**
CITY-ST-ZIP **DUXBURY, MA 02332**

TITLE **D/V**
NAME **VERNIERO, BENNETT-C** ☐ Delete
STREET ADDRESS **125 ELMWOOD RD**
CITY-ST-ZIP **WELLESLEY MA 02481**

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

TITLE **D/T**
NAME **MORAHAN, JAMES T JR** ☐ Delete
STREET ADDRESS **14 CATON RD.**
CITY-ST-ZIP **FOXBORO MA 02035**

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

TITLE **D/V**
NAME **RIOS, MANUEL Z** ☐ Delete
STREET ADDRESS **20 LEWIS FARM RD.**
CITY-ST-ZIP **DUXBURY MA 02332**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 (617)832-1319

Date

Daytime Phone #

CR2E034 (10/02)