

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 016 ***150.00

DOCUMENT # **PO1 000114003** ✓

1. Entity Name

VISTA INSURANCE PARTNERS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11300 U.S. HIGHWAY ONE

3. Mailing Address

1445 ROSS AVENUE

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

SUITE 4200

City & State

NORTH PALM BEACH, FLORIDA

City & State

DALLAS, TEXAS

4. FEI Number

65-1155928

Applied For

Not Applicable

Zip

33408

Country

Zip

75202

Country

DALLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

**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.

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Chairman of the Board Gary R. Griffith 1445 Ross Avenue, Suite 4200 Dallas, Texas 75202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CEO James Levine 5750 N.W. Parkway, Suite 100 San Antonio, Texas 78265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, EVP, CFO, Sec., Treas. C. Jeff Pan 1445 Ross Avenue, Suite 4200 Dallas, Texas 75202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, Asst Secretary, Asst Treas. Stephanie D. Bowman 1445 Ross Avenue, Suite 4200 Dallas, Texas 75202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Scott LaFave 11300 U.S. Highway 1, Suite 400 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bruce Baker 11300 U.S. Highway 1, Suite 400 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

Daytime Phone #

CR2E034B (12/01)