

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90602 032 ***150.00

DOCUMENT # P01000114003



1. Entity Name
VISTA INSURANCE PARTNERS OF FLORIDA, INC.

Principal Place of Business
**11300 US HIGHWAY ONE
400
NORTH PALM BEACH FL 33408**

Mailing Address
**1445 ROSS AVENUE
SUITE 4200
DALLAS TX 75202**

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 **65-1155928**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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

TITLE	DEV	<input type="checkbox"/> Delete
NAME	PAN, C. JEFF	
STREET ADDRESS	1445 ROSS AVE SUITE 4200	
CITY-ST-ZIP	DALLAS TX 75202	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	GRIFFITH, GARY R	
STREET ADDRESS	1445 ROSS AVE SUITE 4200	
CITY-ST-ZIP	DALLAS TX 75202	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LEVINE, JAMES	
STREET ADDRESS	5750 N.W. PARKWAY SUITE 100	
CITY-ST-ZIP	SAN ANTONIO TX 78265	
TITLE	SVPA	<input type="checkbox"/> Delete
NAME	BOWMAN, STEPHANIE D	
STREET ADDRESS	1445 ROSS AVENUE SUITE 4200	
CITY-ST-ZIP	DALLAS TX 75202	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LAFAYE, SCOTT	
STREET ADDRESS	11300 U.S. HIGHWAY 1, SUITE 400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, BRUCE	
STREET ADDRESS	11300 U.S. HIGHWAY 1, SUITE 400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

146-03

214-443-3533

Date

Daytime Phone #

CR2E034 (10/02)