


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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 001 ***150.00

DOCUMENT # **P02000063050**

1. Entity Name
Big Bend Insurance, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 Metropolitan Suite, Apt. #, etc. Ste 110 City & State Tallahassee FL Zip 32308 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State SAME Zip 32308 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 47-087-0211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Byron Reid McAuley
Street Address (P.O. Box Number is Not Acceptable) 208 W. Ridge Dr
City Tallahassee, FL Zip Code 32304

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT	NAME BYRON REID McAuley	TITLE PRESIDENT	NAME BYRON REID McAuley
STREET ADDRESS 208 W. Ridge Dr	CITY-ST-ZIP Tallahassee, FL 32304	STREET ADDRESS 208 W. Ridge Dr	CITY-ST-ZIP Tallahassee, FL 32304
TITLE VICE PRESIDENT	NAME RICHARD JAY MUSGROVE	TITLE VICE PRESIDENT	NAME RICHARD JAY MUSGROVE
STREET ADDRESS 2910 KERRY Forest Parkway	CITY-ST-ZIP Tallahassee, FL 32309 D4-Box 170	STREET ADDRESS 2910 KERRY Forest Parkway	CITY-ST-ZIP Tallahassee, FL 32309 D4-Box 170
TITLE SECRETARY/TREASURER	NAME HELEN V. LEITE	TITLE SECRETARY/TREASURER	NAME HELEN V. LEITE
STREET ADDRESS 3207 MOUND Dr	CITY-ST-ZIP Tallahassee, FL 32309	STREET ADDRESS 3207 MOUND Dr	CITY-ST-ZIP Tallahassee, FL 32309
TITLE DIRECTOR	NAME Byron R. McAuley	TITLE DIRECTOR	NAME Byron R. McAuley
STREET ADDRESS Byron R. McAuley	CITY-ST-ZIP Byron R. McAuley	STREET ADDRESS Byron R. McAuley	CITY-ST-ZIP Byron R. McAuley
TITLE DIRECTOR	NAME RICHARD J. MUSGROVE	TITLE DIRECTOR	NAME RICHARD J. MUSGROVE
STREET ADDRESS RICHARD J. MUSGROVE	CITY-ST-ZIP RICHARD J. MUSGROVE	STREET ADDRESS RICHARD J. MUSGROVE	CITY-ST-ZIP RICHARD J. MUSGROVE
TITLE DIRECTOR	NAME JEAN HART	TITLE DIRECTOR	NAME JEAN HART
STREET ADDRESS JEAN HART	CITY-ST-ZIP JEAN HART	STREET ADDRESS JEAN HART	CITY-ST-ZIP JEAN HART

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: **HELEN V. LEITE** *Helen V. Leite* **4/17/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034B (12/02)