

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010703

1. Entity Name

RETAIL REINSURANCE CO., INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90014 004 ***150.00

Principal Place of Business

2310 A-Z PARK ROAD
LAKELAND FL 33801

Mailing Address

2310 A-Z PARK ROAD
LAKELAND FL 33801-6880

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

59-3168845

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

JACOBS, DALE G
3730 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33803

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS KUNDRAT, W B JR
CITY-ST-ZIP 100 EAST JEFFERSON
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANDEFER, GEORGE
CITY-ST-ZIP ROUTE 2, BOX 1460
PALATKA FL 32177

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NISSEN, NIS
CITY-ST-ZIP 1037 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PETCOFF, THOMAS S
CITY-ST-ZIP 1212 KILLS COURT
LAKELAND FL 33803

TITLE ☐ Change ☒ Addition
NAME PSD
STREET ADDRESS Petcoff, Thomas S
CITY-ST-ZIP 1212 KILLS COURT
LAKELAND, FL 33803

TITLE ☐ Delete
NAME D
STREET ADDRESS WINTZ, CHARLES R
CITY-ST-ZIP 4551 SHIRLEY AVENUE
JACKSONVILLE FL 32210

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

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:

THOMAS S. PETCOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-00

863-688-6777

CR2E034 (9/99)