

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013588

1. Entity Name

GUARANTY REASSURANCE CORPORATION

Principal Place of Business

Mailing Address

4190 BELFORT RD
200
JACKSONVILLE FL 32216

PO BOX 550640
JACKSONVILLE FL 32255-0640

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 59-3152896

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

FROST, TOMMYE M
7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

Name

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

50 NORTH LAURA STREET

City JACKSONVILLE

FL

Zip Code

32209

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ELTRICH, MARTIN C
STREET ADDRESS 4190 BELFORT RD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒

TITLE VP
NAME WENZEL, DAVID
STREET ADDRESS 4190 BELFORT RD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE T
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒

TITLE V
NAME BERNREUTER, CHAROTTE H
STREET ADDRESS 4190 BELFORT RD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE VS
NAME FROST, TOMMYE M
STREET ADDRESS 4190 BELFORT RD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE D
NAME SITTIG, JOHN J
STREET ADDRESS 3129 W. SECRET WOODS TR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Wenzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. WENZEL

1/28/00 (904) 279-9797
Date Daytime Phone #