## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9400064930 1. Entity Name

## **CUMBERLAND CASUALTY & SURETY COMPANY**

Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·					
4311 WEST WATERS, SUITE TAMPA FL 33614	501	4311 WEST WATERS. SUITE 501 TAMPA FL 33614-1979						
2. Principal Place of Business		3. Mailing Addre	ess					
4311 W. WATERS AVE	<b>.</b>	4311 W. WAT	4311 W. WATERS AVE.					
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.					
SUITE 401		SUITE 401	SUITE 401					
City & State		City & State	City & State					
TAMPA, FL		TAMPA, FL	TAMPA, FL					
Zin	Country	Zip.	Country					

## FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90003 003 \*\*\*150.00

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3 Principal Pi	age of Rusiness	3. Mailing Address	•		_				
2. Principal Place of Business		4311 W. WATERS AVI	7						
4311 W. WATERS AVE. Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>.                                    </u>		$\dashv$	DO NOT WRITE	E IN THIS SP	ACE	
•		SUITE 401				201131111111			
SUITE 401 City & State		City & State			4. F	El Number FO COFOCO		Ap	plied For
TAMPA, FL		TAMPA, FL			"	59-2859008	i	No	t Applicable
Zip	Country	Zip	Country		<del></del>		_ \$	8.75 Add	litional
33614	U.S.A.	33614	U.S.A		5. 0	Certificate of Status Desired		e Require	
33014	6. Name and Address of Current R		0.0	<u>•</u>	7. N	lame and Address of New Re	egistered Ag	ent	
			1	Vame				-	
EDENFIELD, EDWARD J IV 4311 W. WATERS AVE. #401 TAMPA FL 33614				Street Address (P.O. Box Number is Not Acceptable)					
			,	City	·		FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or regis	stered age	ent, or both, in the State of Flor	rida.	•	-
SIGNATURE _	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered Ag	ent signature req	uired when re	instating)	DATÉ		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F  After MAY 1, 2000 I  Make Check Payable to		00 Fee wil	e will be \$550.00		10. Election Campalgn Fina Trust Fund Contribution	· -		<b>0</b> May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE					Change	☐ Addition
NAME	WILLIAMS, FRANCIS M	Delete	NAME				•	_ `	_
STREET ADDRESS	ISLAND WALK 858 NORMANDY T	TACE. #11-858	STREET A	NDDRESS					
CITY-ST-ZIP	TAMPA FL 33602	10.00, 11.000	CITY-ST	-ZIP					
TITLE	D	□ Delete	TITLE			- <del> </del>		X Change	Addition
NAME	WILLIAMS, JOSEPH MICHAEL	□ Delete	NAME				•		
STREET ADDRESS				ADDRESS 4311 W. WATERS AVE., SUITE 401					
CITY-ST-ZIP		ro i	CITY-ST	· · · · · · · · · · · · · · · · · · ·					
	TAMPA FL PD			- 170	ma, ii	3 33011		Change	☐ Addition
TITLE	edenfield, edward J IV	☐ Delete	TITLE NAME				Ų	Onlinge	Addition
NAME OTOGET ADDRESS			STREET A	nubecc					
STREET ADDRESS	4311 W. WATERS AVE STE. 401		CITY-ST						
CITY-ST-ZIP	TAMPA FL 33614								Addition
TITLE	D	☐ Delete	TITLE					X Change	Addition
NAME	SCHUMACHER, STEVEN EUGENE		NAME	DDDECC A	11 t.T t.	NATERS AVE., SUITE 4	.∩1		
STREET ADDRESS	4311 W. WATERS AVE SUITE #5	וט	STREET A				OI		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST	-ZIP TA	err, fi	L 33614			
TITLE	D	☐ Defete	TITLE					Change	☐ Addition
NAME	SIMON, JOHN VICTOR		NAME						
STREET ADDRESS	2614 PARKLAND BLVD.		STREET	I .					
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST	-ZIP					
TITLE	ST	☐ Delete	TITLE					Change	☐ Addition
NAME	BLACK, CAROL S		NAME						
STREET ADDRESS	4331 W. WATERS AVE STE 401		STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST	-ZIP			•		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that I wered to execute this report	my signature : as required						

4-26-00

(813) 889 - 4001

Daytime Phone #