2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400064930 1. Entity Name **CUMBERLAND CASUALTY & SURETY COMPANY** Principal Place of Business Mailing Address 4311 WEST WATERS. SUITE 501 4311 WEST WATERS. SUITE 501

FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90092 014 ***150.00

TAMPA FL 336	314	1	1AMPA FL 33014									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NO	OT WRITE	IN THIS	SPACE	
City & State	e	:	City & State			·	4. FEI Number 59-2859008				plied For t Applicable	
Zip Country Zip			Zip	Country			5. Ce	ertificate of Status De	esired		\$8.75 Add	itional
		1		7. Na	ame and Address of	New Re	aistered					
	Q. IVAIIIC	and Address of Current R	egistered Agent		Name					<i>3</i> ·		
EDENFIELD, EDWARD J IV 4311 W. WATERS AVE. #401					Street Address (P.O. Box Number is Not Acceptable)							
TAM	1PA FL 336	614										
					City						Zip Code	
					City					FL	- 2,5 000.	
8 The above	named entit	y submits this statement for	the purpose of changing	its realister	ed office or	registered	d ager	nt, or both, in the Sta	te of Flor	ida.		
4. 11.0 aboro	11011100 01101	.,	p p				Ū					
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (N	OTE: Registere	d Agent signat	ure required wh	nen rein	nstating)		DATE		
		1									•	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE								10. Election Camp	aign Fina	ncing	\$5.0	0 May Be
Tax filing requirement and elects to do so. After MAY 1, 2001 F								Trust Fund Cor	ntribution	. [to Fees
(See criter	ria on back)		Make Check Pay	able to De	epartmen	t of State						
11.		OFFICERS AND D	IRECTORS	12.			ADD	ITIONS/CHANGES	TO OFFIC	CERS AN	D DIRECTORS	S IN 11
TITLE	D	1	☐ Delete	TITL	E						Change	☐ Addition
NAME	WILLIAMS	S, FRANCIS M		NAM	E							
STREET ADDRESS		WALK 858 NORMANDY 1	RACE, #11-858	STRE	ET ADDRESS							
CITY-ST-ZIP	TAMPA F	and the second s		CITY	-ST-ZIP							
TITLE	D		☐ Delete	TITLI	E						X Change	Addition Addition
NAME	_	S, JOSEPH MICHAEL		NAM	Ε							
STREET ADDRESS 4311 W. WATERS AVE, SUITE #501			រា.។	STAE	ET ADDRESS	4311 W	. WA	ATERS AVE., SU	TTE 40	11		
CITY-ST-ZIP	TAMPA F		701	CITY	- ST- ZIP	1		33614	110 30	-		
TITLE	PD	<u> </u>	↑ □ Delete	TITL	 F	,					Change	Addition
NAME	. –	LD, EDWARD J IV	, Delete	NAM								_
STREET ADDRESS		WATERS AVE STE. 401		STRE	ET ADDRESS	/211 TJ	T.T 78	ATERS AVE., SU	TOTAL AC	11		
CITY-ST-ZIP	TAMPA F			CITY	-ST-ZIP	TAMPA,			11E 40	, <u>T</u>		
	D D	L 33014	☐ Delete	TITL	<u> </u>						x Change	☐ Addition
TITLE NAME	_	CHED STEVIEN ELICENI		NAM								
STREET ADDRESS		CHER, STEVEN EUGENI			ET ADDRESS	4311 W.	. WA	ATERS AVE., SU	ITE 40	1		
CITY-ST-ZIP		WATERS AVE SUITE #5	UI		-ST-ZIP			33614		•		
	TAMPA F	L 33611	——————————————————————————————————————			IAN FA	, rl	1 33014			Change	Addition
TITLE	D	IOÎNI MOTOD	☐ Delete	TITLE							onange	
NAME		JOHN VICTOR		: NAM								
STREET ADORESS		rkland blvd.			ET ADORESS							
CITY-ST-ZIP	TAMPA F	L 33615	· · · · · · · · · · · · · · · · · · ·	LITY	-ST-ZIP	ļ						
TITLE	\$T		☐ Delete	TITLI							Change	Addition .
NAME		CAROL S		NAM								
STREET ADDRESS	4331 W.	WATERS AVE STE 401			ET ADDRESS							
CITY-ST-ZIP	TAMPA F	L 33614		CITY	-ST-ZIP							

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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- EDWARD J. EDENFIELD, IV

4-30-2001 Date

(813) 889 - 4001

Daytime Phone #