

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90489 022 ***150.00

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1. Entity Name
CUMBERLAND CASUALTY & SURETY COMPANY



Principal Place of Business
4311 WEST WATERS, SUITE 501
TAMPA FL 33614

Mailing Address
4311 WEST WATERS, SUITE 501
TAMPA FL 33614

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 **59-2859008**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDENFIELD, EDWARD J IV
4311 W. WATERS AVE. #401
TAMPA FL 33614

Name
Joseph M. Williams
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIAMS, FRANCIS M**
STREET ADDRESS **ISLAND WALK 858 NORMANDY TRACE, #11-858**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, JOSEPH MICHAEL**
STREET ADDRESS **4311 W. WATERS AVE., SUITE 401**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **EDENFIELD, EDWARD J IV**
STREET ADDRESS **4311 W. WATERS AVE STE. 401**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **D** ☒ Delete
NAME **SCHUMACHER, STEVEN E**
STREET ADDRESS **4311 W. WATERS AVE., SUITE 401**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **D** ☐ Delete
NAME **SIMON, JOHN VICTOR**
STREET ADDRESS **2614 PARKLAND BLVD.**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **ST** ☐ Delete
NAME **BLACK, CAROL S**
STREET ADDRESS **4311 W. WATERS AVE., STE 401**
CITY-ST-ZIP **TAMPA FL 33614**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joseph M. Williams

4/24/03

(813) 889-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)