

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073794

1. Entity Name

BRIDGEFIELD CASUALTY INSURANCE COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90863 029 ***150.00

Principal Place of Business

Mailing Address

2310 A-Z PARK ROAD
LAKELAND FL 33801

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

59-3269531

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

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

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 PD ☒ Delete
NAME BULL, WILLIAM B
STREET ADDRESS 3622 GROVE TERRACE
CITY-ST-ZIP LAKELAND FL 33813

TITLE VTD ☐ Change ☒ Addition
NAME John D. Hanselman
STREET ADDRESS 2310 A-Z Park Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE D ☐ Delete
NAME BENNETT, ALLEN C.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition
NAME Robert J. O'Halloran
STREET ADDRESS 2310 A-Z Park Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE VD ☒ Delete
NAME CEDERHOLM, DAVID T.
STREET ADDRESS 4250 CREEKWOOD LANE
CITY-ST-ZIP MULBERRY FL

TITLE D ☐ Change ☒ Addition
NAME Roger L. Jean
STREET ADDRESS 175 Berkeley Street
CITY-ST-ZIP Boston, MA 02117

TITLE TD ☒ Delete
NAME WALL, RUSSELL L
STREET ADDRESS 2936 FOREST DR.
CITY-ST-ZIP LAKELAND FL 33811

TITLE VD ☐ Change ☒ Addition
NAME Carol P. Sipe
STREET ADDRESS 2310 A-Z Park Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE D ☐ Delete
NAME HODGES, RICKY T.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ Change ☐ Addition
NAME Ricky T. Hodges
STREET ADDRESS 2310 A-Z Park Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Dennis J. Langwell
STREET ADDRESS 175 Berkeley Street
CITY-ST-ZIP Boston, MA 02117

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky T. Hodges, President

4-25-00

863-665-6060

Date

Daytime Phone #

CR2E034 (9/99)

CONTINUATION:

DW58135

P94000073794

BRIDGEFIELD CASUALTY INSURANCE COMPANY

S

Thomas L. Clarke, Jr.

2310 A-Z Park Road

Lakeland, FL 33801