

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90141 024 \*\*\*150.00

0502166 AV

**DOCUMENT # P94000073794**

**1. Entity Name**  
**BRIDGEFIELD CASUALTY INSURANCE COMPANY**



**Principal Place of Business**  
**2310 A-Z PARK ROAD**  
**LAKELAND FL 33801**

**Mailing Address**  
**2310 A-Z PARK ROAD**  
**LAKELAND FL 33801**

**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**

☐ CHECK HERE IF MAKING CHANGES

**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. 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  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **JEAN, ROGER L**  
**STREET ADDRESS** **175 BERKELEY ROAD**  
**CITY-ST-ZIP** **BOSTON MA 02117**

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

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

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

**TITLE** **DP** ☐ Delete  
**NAME** **HODGES, RICKEY T**  
**STREET ADDRESS** **2310 A-Z PARK ROAD**  
**CITY-ST-ZIP** **LAKELAND FL 33801**

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

**TITLE** **D** ☐ Delete  
**NAME** **O'HALLORAN, ROBERT**  
**STREET ADDRESS** **2310 A-Z PARK ROAD**  
**CITY-ST-ZIP** **LAKELAND FL 33801**

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

**TITLE** **D** ☐ Delete  
**NAME** **LANGWELL, DENNIS J**  
**STREET ADDRESS** **175 BERKELEY ROAD**  
**CITY-ST-ZIP** **BOSTON MA 02117**

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

**TITLE** **D** ☐ Delete  
**NAME** **LEDDY, AMY J**  
**STREET ADDRESS** **175 BERKELEY ROAD**  
**CITY-ST-ZIP** **BOSTON MA 02117**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Ricky T. Hodges, 4/28/03 863-665-6060**

Date Daytime Phone #

CR2E034 (10/02)