

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90058 036 ***158.75

DOCUMENT # P95000016812

1. Entity Name
MHF INSURANCE ADMINISTRATORS, INC.



Principal Place of Business
**3563 PHILLIPS HWY
SUITE 108
JACKSONVILLE FL 32207-5627**

Mailing Address
**3563 PHILLIPS HWY
SUITE 108
JACKSONVILLE FL 32207-5627**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-2848490**

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

**CLARK, WILLIAM J
3563 PHILLIPS HWY BLDG 100 STE 108
JACKSONVILLE FL 32207**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **PETTY, CARL JR**
STREET ADDRESS **13358 MANCHESTER RD**
CITY-ST-ZIP **SAINT LOUIS MO 63131**

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

TITLE **P** ☐ Delete
NAME **HENCHY, TERENCE A**
STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 200**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **P** ☒ Change ☐ Addition
NAME **Henchy, Terence A.**
STREET ADDRESS **3563 Phillips Highway, Suite 108**
CITY-ST-ZIP **Jacksonville, FL 32207-5627**

TITLE **V** ☐ Delete
NAME **CLARK, JAMES**
STREET ADDRESS **9485 REGENCY SQUARE BLVD STE 220**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **V** ☒ Change ☐ Addition
NAME **Clark, William J.**
STREET ADDRESS **3563 Phillips Highway, Suite 108**
CITY-ST-ZIP **Jacksonville, FL 32207-5627**

TITLE **CFO** ☐ Delete
NAME **STRICKLAND, MARY E**
STREET ADDRESS **9485 REGENCY SQUARE BLVD STE 220**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **CFO** ☒ Change ☐ Addition
NAME **Strickland, Mary E.**
STREET ADDRESS **3563 Phillips Highway, Suite 108**
CITY-ST-ZIP **Jacksonville, FL 32207-5627**

TITLE **V** ☐ Delete
NAME **RITTINGER, ERWIN**
STREET ADDRESS **13358 MANCHESTER RD**
CITY-ST-ZIP **SAINT LOUIS MO 63131**

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

TITLE **T** ☐ Delete
NAME **COOK, LARRY**
STREET ADDRESS **13358 MANCHESTER RD**
CITY-ST-ZIP **SAINT LOUIS MO 63131**

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 reports 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

Terence A. Henchy

1/9/03

904-727-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)