## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000071645 May 24, 2000 8:00 am Secretary of State 1. Entity Name FFVA MUTUAL INSURANCE CO. 05-02-2000 90061 014 \*\*\*150.00 Principal Place of Business Mailing Address 4401 EAST COLONIAL DRIVE 4401 EAST COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803-5219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6828087 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAIR, ALAN Street Address (P.O. Box Number is Not Acceptable) 4401 EAST COLONIAL DRIVE ORLANDO FL 32803 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (66/6)Delete TITLE ☐ Change STRODE, RANDALL E. NAME NAME STREET ADDRESS 1728 KELLY PARK RD CR2E034 STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** BYRNES, DANIEL Leslie Dunson, III. 400 Eagle Loop Road NAME NAME STREET ADDRESS 100 PROSPECT ST STREET ADDRESS CITY-ST-ZIP HASTINGS FL CITY-ST-ZIP Winter Haven, FL 33880 TITLE Delete TITLE ☐ Change Addition NAME ROGERS, GLENN R. NAME STREET ADDRESS 1807 MORNINGSIDE DRIVE STREET ADDRESS CITY-ST-ZIP MT. DORA FL CITY-ST-ZIP TITLE Secretary/Treasurer 🔀 Delete TITLE X Addition ☐ Change ROE, MORGAN H. NAME NAME Alan E. Hair STREET ADDRESS 500 AVE. 'R' SW STREET ADDRESS 4401 East Colonial Drive CITY-ST-ZIP WINTER HAVEN FL 33880 City-ST-ZiP <u> Orlando, FL 32803</u> TITLE Delete TITLE **Addition** ☐ Change PAYNE, NORMAN C III NAME Frank Johns NAME STREET ADDRESS POST OFFICE BOX 995 N/A STREET ADDRESS 6245 CR 13500th CITY-ST-7(P **DUNDEE FL 33838** CITY-ST-ZIP Hastings, FL TITLE TITLE ☐ Delete Change ☐ Addition HARLLEE, PETER JR

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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 turther 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2308 HWY 301 NO.

PALMETTO FL

NAME

STREET ADDRESS

CITY-ST-ZIP

ED MAME OF SIGNING OFFICER OR DIRECTOR

Date