

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90070 015 ***150.00

DOCUMENT # P95000071645

1. Entity Name
FFVA MUTUAL INSURANCE CO.

Principal Place of Business
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814-0155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6828087**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HAIR, ALAN
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

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, 2001 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 **VC** ☒ Delete
NAME **STRODE, RANDALL E.**
STREET ADDRESS **1728 KELLY PARK RD**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VC** ☐ Change ☒ Addition
NAME **Roe, Morgan H.**
STREET ADDRESS **500 Ave "R" SW**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **D** ☐ Delete
NAME **DUNSON, LESLIE III**
STREET ADDRESS **400 EAGLE LOOP ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **C** ☐ Delete
NAME **ROGERS, GLENN R.**
STREET ADDRESS **1807 MORNINGSIDE DRIVE**
CITY-ST-ZIP **MT. DORA FL**

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

TITLE **ST** ☐ Delete
NAME **HAIR, ALAN E**
STREET ADDRESS **4401 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

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

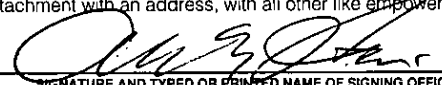
TITLE **D** ☐ Delete
NAME **JOHNS, FRANK**
STREET ADDRESS **6245 CR 13 SOUTH**
CITY-ST-ZIP **HASTINGS FL 32145**

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

TITLE **D** ☐ Delete
NAME **HARLLEE, PETER JR**
STREET ADDRESS **2308 HWY 301 NO.**
CITY-ST-ZIP **PALMETTO FL**

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

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:  **Alan E. Hair**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

(407) 894-1351

Daytime Phone #

CR2E034 (10/00)