

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000041305**

1. Entity Name

SOUTHERN FAMILY INSURANCE MANAGERS, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90929 009 ***150.00

Principal Place of Business

Mailing Address

**511 BAY STREET
#400
TAMPA FL 33606
US****511 BAY STREET
#400
TAMPA FL 33606-2700
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3381280**

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

**MEDER, JAN J.
511 BAY STREET
STE. #400
TAMPA FL 33606**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **POE, WILLIAM JR.**
CITY-ST-ZIP **206 LOCUST DR.
BRANDON FL 33511**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **WILLIAM F. POE, SR.**
CITY-ST-ZIP **511 BAY ST, SUITE 400
TAMPA, FL 33606**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POE, CHARLES E**
CITY-ST-ZIP **70 LADOGA
TAMPA FL 33606**TITLE ☐ Change ☒ Addition
NAME **SEC/TREAS**
STREET ADDRESS **JAN JACOB MEDER**
CITY-ST-ZIP **511 BAY ST, SUITE 400
TAMPA, FL 33606**TITLE ☐ Delete
NAME **DR**
STREET ADDRESS **SMITH, KEREN P**
CITY-ST-ZIP **525 SUWANEE CIRCLE
TAMPA FL 33606**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DYR**
STREET ADDRESS **LUNSKIS, MARILYN & P.**
CITY-ST-ZIP **74 COLUMBIA DR.
TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D:**
STREET ADDRESS **MITCHELL, JANICE**
CITY-ST-ZIP **119 HICKORY CREEK BLVD.
BRANDON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP, D**
STREET ADDRESS **MURDEMAN, JAMES E WURDEMAN**
CITY-ST-ZIP **511 BAY ST STE 400
TAMPA FL 33606**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:

JAN JACOB MEDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

813-259-4000

Daytime Phone #

CR2E034 (9/99)