

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90002 017 ***150.00

0407714

DOCUMENT # P96000041305

1. Entity Name

SOUTHERN FAMILY INSURANCE MANAGERS, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3381280

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

**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP POE, WILLIAM JR. 206 LOCUST DR. BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, CHARLES E 70 LADOGA TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEREN P 525 SUWANEE CIRCLE TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSKIS, MARILYN C. 511 BAY ST., STE. 400 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JANICE P 119 HICKORY CREEK BLVD. BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MURDEMAN, JAMES E 511 BAY ST STE 400 TAMPA FL 33606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO 511 W. Bay Street, Suite 400 Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	511 W. Bay Street, Suite 400 Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	511 W. Bay Street, Suite 400 Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lunskis, Marilyn P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	511 W. Bay Street, Suite 400 Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wurdeman, James E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Poe, Jr.

Date

Daytime Phone #

813-259-4000

CP2E034 (9/01)

Attachment
DOC# P96000041305 / 826034

SOUTHERN FAMILY INSURANCE MANAGERS, INC.
2002 UNIFORM BUSINESS REPORT
DOCUMENT # P96000041305
FEI NUMBER 59-3381280

ADDITIONS:

Director
William F. Poe, Sr.
511 W. Bay Street, Suite 400
Tampa, FL 33606

Secretary, Treasurer, CFO
Jan Jacob Meder
511 W. Bay Street, Suite 400
Tampa, FL 33606

Senior Vice President
Bobby C. Dollar
511 W. Bay Street, Suite 400
Tampa, FL 33606

Senior Vice President
Donald G. Gerdich
511 W. Bay Street, Suite 400
Tampa, FL 33606

Vice President
Barbara Soares
511 W. Bay Street, Suite 400
Tampa, FL 33606

Vice President
Carroll L. Russell
511 W. Bay Street, Suite 400
Tampa, FL 33606

Vice President
David E. Gough
511 W. Bay Street, Suite 400
Tampa, FL 33606