

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90121 014 \*\*\*150.00

**DOCUMENT # P96000041305**

1. Entity Name  
**POE 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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

TITLE	<b>CCEO</b>	<input type="checkbox"/> Delete
NAME	<b>POE, WILLIAM JR.</b>	
STREET ADDRESS	<b>511 W. BAY STREET, STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POE, CHARLES E</b>	
STREET ADDRESS	<b>511 W. BAY STREET, STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, KEREN P</b>	
STREET ADDRESS	<b>511 W. BAY STREET, STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUNSKIS, MARILYN P</b>	
STREET ADDRESS	<b>511 W. BAY STREET, STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, JANICE P</b>	
STREET ADDRESS	<b>511 W. BAY STREET, STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>DEVP</b>	<input type="checkbox"/> Delete
NAME	<b>WURDEMAN, JAMES E</b>	
STREET ADDRESS	<b>511 BAY ST STE 400</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Secretary, Treasurer, CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jan J. Meder</b>	
STREET ADDRESS	<b>511 W. Bay Street, Suite 400</b>	
CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Executive Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bobby C. Dollar</b>	
STREET ADDRESS	<b>511 W. Bay Street, Suite 400</b>	
CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
TITLE	<b>Senior Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara A. Soares</b>	
STREET ADDRESS	<b>511 W. Bay Street, Suite 400</b>	
CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
TITLE	<b>Senior Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David E. Gough</b>	
STREET ADDRESS	<b>511 W. Bay Street, Suite 400</b>	
CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan J. Meder**

4/29/03

813.259.4000

Date

Daytime Phone #

CR2E034 (10/02)