

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043009

1. Entity Name

SOUTHERN FAMILY INSURANCE AGENCY, INC.

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 014 ***150.00

Principal Place of Business

Mailing Address

511 W BAY STREET
SUITE 400
TAMPA FL 33606

511 W BAY STREET
SUITE 400
TAMPA FL 33606-2700

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 59-3404823

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

LUNSKIS, MARILYN P
74 COLUMBIA DR
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 PD ☐ Delete
NAME POE, WILLIAM JR.
STREET ADDRESS 206 LOCUST DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE EX VP/D ☐ Change ☒ Addition
NAME JAMES E. WURDEMAN
STREET ADDRESS 511 BAY ST, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE D ☐ Delete
NAME POE, WILLIAM SR.
STREET ADDRESS 70 LADOGA AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition
NAME KAREN P. SMITH
STREET ADDRESS 525 SUWANEE CIRCLE
CITY-ST-ZIP TAMPA, FL 33606

TITLE D ☐ Delete
NAME POE, CHARLES E
STREET ADDRESS 70 LADOGA AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☒ Change ☐ Addition
NAME POE, WILLIAM SR.
STREET ADDRESS 511 BAY ST, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE DVP ☐ Delete
NAME LUNSKIS, MARILYN P
STREET ADDRESS 74 COLUMBIA DR.
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☒ Change ☐ Addition
NAME POE, CHARLES E.
STREET ADDRESS 511 BAY ST, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE D ☐ Delete
NAME MITCHELL, JANICE
STREET ADDRESS 119 HICKORY CREEK BLVD
CITY-ST-ZIP BRANDON FL 33511

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

TITLE CFOT ☐ Delete
NAME MEDER, JAN JACOB
STREET ADDRESS 12213 WOOD DUCK PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE CFOT ☒ Change ☐ Addition
NAME MEDER, JAN JACOB
STREET ADDRESS 511 BAY ST, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

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)