

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90029 014 ***150.00

DOCUMENT # P96000046207

1. Entity Name

FLORIDA SELECT INSURANCE COMPANY

Principal Place of Business

**1819 MAIN STREET
 SUITE 700
 SARASOTA FL 34236**

Mailing Address

**P.O. BOX 49768
 SARASOTA FL 34230**

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

59-3390361

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

**INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32399**

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 **D** ☒ Delete
 NAME **FITZPATRICK, JOHN H**
 STREET ADDRESS **GUGGERSTRASSE 20 CH-8702**
 CITY-ST-ZIP **ZOLLIKON SW CH-87-2**

TITLE **Officer** ☐ Change ☒ Addition
 NAME **Walter M. Lefler**
 STREET ADDRESS **1819 Main Street, Suite 700**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **D** ☒ Delete
 NAME **WASSERMAN, DAVID L**
 STREET ADDRESS **14 CABRIOLET LANE**
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **D** ☐ Change ☒ Addition
 NAME **John McCullough**
 STREET ADDRESS **3760 River Run Drive**
 CITY-ST-ZIP **Birmingham, AL 43360**

TITLE **D** ☒ Delete
 NAME **WASSERMAN, DAVID L**
 STREET ADDRESS **14 CABRIOLET LANE**
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **D** ☐ Change ☒ Addition
 NAME **Hopson Nance**
 STREET ADDRESS **3760 River Run Drive**
 CITY-ST-ZIP **Birmingham, AL 43360**

TITLE **DP** ☐ Delete
 NAME **KORDUCKI, STEPHEN A**
 STREET ADDRESS **6458 CITY WEST PARKWAY - SUITE 122**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE **D** ☐ Change ☒ Addition
 NAME **Thomas Chana**
 STREET ADDRESS **1 South Wacker Drive #2710**
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **D** ☒ Delete
 NAME **SMITH, JANE S**
 STREET ADDRESS **ONE PMSC CENTER, US 21 NORTH**
 CITY-ST-ZIP **BLYTHEWOOD SC 29016**

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

TITLE **D** ☒ Delete
 NAME **WATKINS, DAVID J**
 STREET ADDRESS **500 5TH AVE., SUITE 440**
 CITY-ST-ZIP **NEW YORK NY 10110**

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:

Stephen A. Korducki
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 9419062313

CR2E034 (9/01)