

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048677

1. Entity Name

SOUTHERN FAMILY INSURANCE COMPANY

Principal Place of Business

511 BAY ST
SUITE #400
TAMPA FL 33606
US

Mailing Address

511 BAY STREET
SUITE #400
TAMPA FL 33606-2700
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

59-3365558

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

THE STATE TREASURER & INSURANCE COMMISSION
THE CAPITOL BUILDING
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, 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	D.	<input type="checkbox"/> Delete
NAME	POE, CHARLES E	
STREET ADDRESS	70 LADOGA AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, JANICE P.	
STREET ADDRESS	119 HICKORY CREEK BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE	DX	<input type="checkbox"/> Delete
NAME	SMITH, KEREN P	
STREET ADDRESS	525 SUWANEE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DC	<input type="checkbox"/> Delete
NAME	POE, WILLIAM F JR.	
STREET ADDRESS	206 LOCUST DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DX	<input type="checkbox"/> Delete
NAME	LUNSKIS, MARILYN P.	
STREET ADDRESS	74 COLUMBIA DR.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PROS PRES.	<input type="checkbox"/> Delete
NAME	KRZESINSKI, THOMAS S	
STREET ADDRESS	511 BAY STREET SUITE #400	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM F. POE, SR	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D/CHAIRMAN & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. WURDEMAN	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN JACOB MEDER	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, CHARLES E.	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN JACOB MEDER

4-26-2000 813-259-4000

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE