

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90005 045 ***150.00

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
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's 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, 2001 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	<input type="checkbox"/> Delete
D	POE, CHARLES E	511 BAY ST., STE 400	TAMPA FL 33606	<input type="checkbox"/>
D	MITCHELL, JANICE P.	119 HICKORY CREEK BLVD	BRANDON FL	<input type="checkbox"/>
D	SMITH, KEREN P	525 SUWANEE CIRCLE	TAMPA FL 33606	<input type="checkbox"/>
DC	POE, WILLIAM F JR.	206 LOCUST DR.	BRANDON FL 33511	<input type="checkbox"/>
D	LUNSKIS, MARILYN P	74 COLUMBIA DR.	TAMPA FL 33606	<input type="checkbox"/>
P/CEO	KRZESINSKI, THOMAS S	511 BAY STREET SUITE #400	TAMPA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MITCHELL, JANICE P.	119 HICKORY CREEK BLVD.	BRANDON, FL 33511	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	POE, SR., WILLIAM F.	511 BAY ST., STE. 400	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/C/CEO	WURDEMAN, JAMES E.	511 BAY ST., STE. 400	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO/S/T	MEDER, JAN JACOB	511 BAY ST., STE. 400	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/CEO	KRZESINSKI, THOMAS S.	511 BAY ST., STE. 400	TAMPA, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

4/24/01
Date813-259-4000
Daytime Phone #

CR2E034 (10/00)