

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

1. Entity Name

FLORIDA SELECT INSURANCE AGENCY INC

02 OCT -4 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008288051--8

-10/09/02--01058--004

*****150.00 *****150.00

100008288051--8

-10/09/02--01058--005

*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1819 MAIN ST.

3. Mailing Address

1819 MAIN ST.

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

SUITE 700

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

593390357

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MITCHEL KROWE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1819 MAIN STREET

SUITE 700

City

SARASOTA

FL

Zip Code

34236

DO NOT WRITE
IN THIS SPACE

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.

MITCHEL KROWE, VICE PRESIDENT, GENERAL COUNSEL 10/2/07

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P C	TITLE	
NAME	STEVEN A. KORDUCKI	NAME	
STREET ADDRESS	1819 MAIN ST. STE 700	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FLORIDA 34236	CITY- ST- ZIP	
TITLE	V D	TITLE	
NAME	W. MICHAEL LEFLER	NAME	
STREET ADDRESS	1819 MAIN ST. , STE 700	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA, FL 34236	CITY- ST- ZIP	
TITLE	V T	TITLE	
NAME	RICARDO A. ESPINO	NAME	
STREET ADDRESS	1819 MAIN ST. STE 700	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL 34236	CITY- ST- ZIP	
TITLE	V	TITLE	
NAME	JOHN A. COTE	NAME	
STREET ADDRESS	1819 MAIN ST. STE 700	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL 34236	CITY- ST- ZIP	
TITLE	V S	TITLE	
NAME	MITCHEL KROWE	NAME	
STREET ADDRESS	1819 MAIN ST. , STE 700	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA, FL. 34236	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	JOHN W. MCCULLOUGH	NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM AL 35243	CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHEL KROWE VICE PRESIDENT GENERAL COUNSEL 10/2/07 941/906 2344

Date

Daytime Phone #

CR2E034B (12/01)

**OFFICERS AND DIRECTORS
FLORIDA SELECT INSURANCE AGENCY INC.**

D
W. Perry Cronin
3760 River Run Drive
Birmingham, AL 35243

D
Hopson B. Nance
3760 River Run Drive
Birmingham, AL 35243



October 2, 2002

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
(850) 488-9000

Dear Sir/Madam:

We never received the UBR.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitchel J. Krouse", written over a horizontal line.

Mitchel J. Krouse
Vice President and General Counsel

MJK/bm
Encl.