

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0019044

DOCUMENT # P96000080941

1. Entity Name
FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY

02-06-2001 90258 026 ***150.00

Principal Place of Business 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	Mailing Address 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6077796**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**GABEL, GEORGE D JR.
 50 N LAURA ST STE 3900
 JACKSONVILLE FL 32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C BROCK, JAMES E 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOND, WILLIAM JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRADLEY, RUEL L JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICHARDSON, MARY A 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GABEL, GEORGE D JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HEALAN, JACK B JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James E Brock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01
 Date

(904) 829-2174
 Daytime Phone #

CR2E034 (10/00)