

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90015 021 \*\*\*150.00

**DOCUMENT # P96000080941**  
**1. Entity Name**  
**FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY**

**Principal Place of Business**      **Mailing Address**  
**9485 REGENCY SQUARE BLVD., STE. 415**      **9485 REGENCY SQUARE BLVD., STE. 415**  
**JACKSONVILLE FL 32225**      **JACKSONVILLE FL 32225**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-6077796</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> <b>Not Applicable</b>	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>GABEL, GEORGE D JR.</b>				Name			
<b>50 N LAURA ST STE 3900</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>JACKSONVILLE FL 32202</b>				City			
				<b>FL</b>		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)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>C</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, JAMES E</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>VC</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOND, WILLIAM JR.</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, RUEL L JR.</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>DS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, MARY A</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GABEL, GEORGE D JR.</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>AT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELAN, JACK B JR.</b>		NAME		
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., STE. 415</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		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:** *James E. Brock*      **1/31/02**      **(904) 829-2174**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)