

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90094 037 ***150.00

DOCUMENT # P96000080941



1. Entity Name
FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY

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

Mailing Address
**9485 REGENCY SQUARE BLVD., STE. 415
JACKSONVILLE FL 32225**

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 **59-6077796**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROCK, JAMES E | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |
| TITLE | VC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOND, WILLIAM JR. | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, RUEL L JR. | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDSON, MARY A | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABEL, GEORGE D JR. | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEALAN, JACK B JR. | NAME | |
| STREET ADDRESS | 9485 REGENCY SQUARE BLVD., STE. 415 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *George D. Gabel* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

(904) 829-2174

Date

Daytime Phone #

CR2E034 (10/02)