

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000083702****1. Entity Name****BANKERS CREDIT INSURANCE SERVICES, INC.****Principal Place of Business**

360 CENTRAL AVENUE

ST PETERSBURG  
33701

FL

**Mailing Address**

360 CENTRAL AVENUE

ST PETERSBURG  
33701

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****59-3408516****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DELANO G. KRISTIN  
360 CENTRAL AVENUEST PETERSBURG  
33701

FL

**7. Name and Address of New Registered Agent****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 signature required when reinstating)

**03/29/2000**

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, 2000 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**

TITLE	DC	<input type="checkbox"/> Delete
NAME	HOWARD DAVID M	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEEHAN MICHAEL P	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	MENKE ROBERT G	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	MCFALL JAMES W	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DELANO G KRISTIN	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	DT	<input type="checkbox"/> Delete
NAME	HUSSEMAN EDWIN C	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENKE ROBERT M		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEEHAN MICHAEL P		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENKE ROBERT G		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCFALL JAMES W		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELANO G KRISTIN		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUSSEMAN EDWIN C		
STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

**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: G KRISTIN DELANO****SD 03/29/2000**

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**FISCHER, RUSSELL A.**  
**360 CENTRAL AVENUE**

**ST. PETERSBURG, FL 33701**

**MEEHAN, DAVID K. D**  
**360 CENTRAL AVENUE**

**ST. PETERSBURG, FL 33701**

**MEEHAN, DAVID K. D**  
**360 CENTRAL AVENUE**

**ST. PETERSBURG, FL 33701**