

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000083702**

1. Entity Name

**BANKERS CREDIT INSURANCE SERVICES, INC.**

Principal Place of Business

**360 CENTRAL AVENUE  
ST PETERSBURG FL 33701**

Mailing Address

**360 CENTRAL AVENUE  
ST PETERSBURG FL 33701**

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

## 6. Name and Address of Current Registered Agent

**DELANO, G KRISTIN  
360 CENTRAL AVENUE  
ST PETERSBURG FL 33701**

Name

**Robert G. Southey**

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

**360 Central Ave.**

City

**St. Petersburg,**

**FL**

**33701**

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

*Robert G. Southey, Esq.*

**Robert G. Southey, Esq.**

**3/15/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

**DT  
HUSSEMAN, EDWIN C  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AS  
Haire, Nancy C.  
360 Central Ave.  
St. Petersburg, FL 33701**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DS  
DELANO, G KRISTIN  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Pierce, Douglas B.  
360 Central Ave.  
St. Petersburg, FL 33701**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
FISCHER, RUSSELL A  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
Southey, Robert G.  
360 Central Ave.  
St. Petersburg, FL 33701**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VC  
MENKE, ROBERT G  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP, AS  
Snyder, David B.  
360 Central Ave.  
St. Petersburg, FL 33701**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MEEHAN, MICHAEL P  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P, D  
300005389613--7  
-04/30/02--01020--001  
\*\*\*7972.75 \*\*\*150.00**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MENKE, ROBERT M  
360 CENTRAL AVE  
ST PETERSBURG FL 33701**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Meehan, David K.  
360 Central Ave.  
St. Petersburg, FL 33701**

Change  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:

*Nancy C. Haire*

Nancy C. Haire

3/15/02

727 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

CR2E034 (9/01)

3861440  
AV