

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083702

1. Entity Name
BANKERS CREDIT INSURANCE SERVICES, INC.



FILED

03 MAY -6 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHEY, ROBERT G
360 CENTRAL AVENUE
ST PETERSBURG FL 33701

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

TITLE DT
NAME HUSSEMAN, EDWIN C
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600018302016
05/06/03--01090--004 **1350.00

TITLE AS
NAME HAIRE, NANCY C
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME FISCHER, RUSSELL A
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PIERCE, DOUGLAS B
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
ITS

TITLE DP
NAME MEEHAN, MICHAEL P
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

TITLE D
NAME Meehan, David K.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE D
NAME MENKE, ROBERT M
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Nancy C. Haire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire 4/29/2003 727 823-4000

Asst. Secretary

Date

Daytime Phone #

CR2E034 (10/02)