

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088526

1. Entity Name

FLORIDA PREFERRED MUTUAL INSURANCE COMPANY

Principal Place of Business

7220 BENEVA ROAD
SARASOTA FL 34238

Mailing Address

7220 BENEVA ROAD
SARASOTA FL 34238

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 65-6057267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

Name

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

7220 BENEVA ROAD

City

SARASOTA

FL

Zip Code

34238

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)

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, 2001 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 PD
NAME CAINE, TEDSON
STREET ADDRESS 7250 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE PD
NAME CAINE, TEDSON
STREET ADDRESS 7220 BENEVA RD
CITY-ST-ZIP SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE D
NAME EMRICH, TODD W
STREET ADDRESS 7250 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE D
NAME DE RUIZ, DANE R
STREET ADDRESS 7220 BENEVA RD.
CITY-ST-ZIP SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE VPS
NAME CAINE, THOMAS E
STREET ADDRESS 7250 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE VPS
NAME CAINE, THOMAS
STREET ADDRESS 7220 BENEVA RD.
CITY-ST-ZIP SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE D
NAME DE RUIZ, DANE P
STREET ADDRESS 7250 BENEVA RD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE D
NAME EMRICH, Todd
STREET ADDRESS 7220 BENEVA RD.
CITY-ST-ZIP SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE D
NAME GARTHWAIT, DOUGLAS E
STREET ADDRESS 7250 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE D
NAME GARTHWAIT, Doug
STREET ADDRESS 7220 BENEVA RD.
CITY-ST-ZIP SARASOTA, FL 34238 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Tedson Caine

4/23/01

941-926-8472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413765

CR2E034 (10/00)