

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90371 031 ***158.75

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

1715 Stickney Point Rd.

3. Mailing Address

1715 Stickney Point Rd.

Suite, Apt. #, etc.

B-7

Suite, Apt. #, etc.

B-7

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-6057267

Applied For

Not Applicable

Zip

34231

Country

Zip

34231

Country

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

6. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER

7220 BENEVA ROAD

SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

1715 Stickney Point Rd. B-7

City

Sarasota

FL

Zip Code

34231

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, 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

TITLE **PD** ☐ Delete
 NAME **CAINE, TEDSON**
 STREET ADDRESS **7220 BENEVA RD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
 NAME **DERUIZ, DANE P**
 STREET ADDRESS **7250 BENEVA ROAD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **VPS** ☐ Delete
 NAME **CAINE, THOMAS E**
 STREET ADDRESS **7220 BENEVA RD.**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
 NAME **EMRICH, TODD**
 STREET ADDRESS **7220 BENEVA RD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
 NAME **GARTHWAIT, DOUGLAS E**
 STREET ADDRESS **7220 BENEVA RD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1715 Stickney Point Rd. B-7**
 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **1715 Stickney Point Rd. B-7**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tedson Caine

4/19/02
 Date

Daytime Phone #

CR2E034 (9/01)