

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90006 002 \*\*\*150.00

**DOCUMENT # P97000058560**  
 1. Entity Name  
**HARBOR INSURANCE GROUP, INC.**

Principal Place of Business <b>111 2ND AVENUE NORTHEAST          SUITE 911          SAINT PETERSBURG FL 33701</b>	Mailing Address <b>111 2ND AVENUE NORTHEAST          SUITE 911          SAINT PETERSBURG FL 33701-3434</b>
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CU031749



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>216 2ND ST. N.</b> Suite, Apt. #, etc.	3. Mailing Address <b>216 2ND ST. N.</b> Suite, Apt. #, etc.
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City & State <b>ST. PETERSBURG, FL</b>	City & State <b>ST. PETERSBURG, FL</b>
Zip <b>33701</b>	Zip <b>33701</b>
Country <b>PINELLAS</b>	Country <b>PINELLAS</b>

4. FEI Number <b>59-3455568</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED          343 ALMERIA AVENUE          CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Larry L Sacco* **LARRY L SACCO** DATE 2/28/00

Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when constituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD WAGNER, MICHAEL A 111 2ND AVENUE NORTHEAST, STE 911 SAINT PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>216 2ND ST. N. ST. PETERSBURG, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SACCO, LARRY L 111 2ND AVENUE NORTHEAST, STE 911 SAINT PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>216 2ND ST. N. ST. PETERSBURG, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE: *Larry L Sacco* **LARRY L SACCO** DATE 2/28/00 DAYTIME PHONE # 727-896-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)