

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90027 017 \*\*\*150.00

DOCUMENT # P97000058788

1. Entity Name  
**SUNTRUST INSURANCE SERVICES (FLORIDA), INC.**

Principal Place of Business LAKE BUENA VISTA BOULEVARD BUENA VISTA FL 32830	Mailing Address P.O. BOX 1638 TN-CHATTANOOGA-0640 CHATTANOOGA TN 37401-1638
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DO NOT WRITE IN THIS SPACE

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 **59-3457991**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**THORPE, JANET C**  
**200 S. ORANGE AVENUE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name Cathy Homa Arther  
 Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Avenue  
 City Orlando FL Zip Code 32801

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 Cathy Homa Arther DATE 01-20-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	CD KINSEY, MICHAEL 303 PEACHTREE STREET N.E., SUITE 840 ATLANTA GA 30308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Complete List of Officers & Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVISON, WILLIAM H 120 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114	<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	D DUKE, R.A. 736 MARKET STREET CHATTANOOGA TN 37402	<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	D FLOYD, JOHN B 50 HURT PLAZA, SUITE 1110 ATLANTA GA 30303	<input checked="" 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	D JAMES, EDWARD B JR ONE PARK PLACE, N.E. ATLANTA GA 30303	<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	D PATTERSON, DENNIS M 303 PEACHTREE ST., N.E. SUITE 840 ATLANTA GA 30308	<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 empowered.

SIGNATURE: SIGNATURE OF OFFICER DATE 1/13/00 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

P97000058788

A0028184

**SunTrust Insurance Services (Florida), Inc.**  
**Directors and Officers**  
As of December 31, 1999

Position C/D  
Name Michael A. Kinsey  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position P  
Name James A. Murphy  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position S  
Name Myra G. Tatum  
Street Address P.O.Box 1638  
City, ST, ZIP Chattanooga, TN 37401

Position V  
Name Clark R. Thompson  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Joseph R. Cahoon  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name John Fulgham  
Street Address 401 N. Avenue  
City, ST, ZIP Winter Park, FL 32801

Position V  
Name Ann Kimsey  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Deborah Jamison  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Harold Bitler  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Jorge Arrieta  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Ronald K. Rueve  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position V  
Name Gergory C. Weaver  
Street Address P.O.Box 4418  
City, ST, ZIP Atlanta, GA 30302-4418

Position D  
Name William H. Davison  
Street Address 120 S. Ridgewood Ave.  
City, ST, ZIP Daytona Beach, FL 32114

Position D  
Name R.A. Duke, Jr.  
Street Address P.O. Box 1638  
City, ST, ZIP Chattanooga, TN 37401

Position D  
Name Edward B. James, Jr.  
Street Address P.O. Box 4418  
City, ST, ZIP Atlanta, GA 30302

Position D  
Name Dennis M. Patterson  
Street Address P.O. Box 4418  
City, ST, ZIP Atlanta, GA 30302

Position D  
Name Jimmy O. Williams  
Street Address P.O. Box 2848  
City, ST, ZIP Orlando, FL 32802

Position D  
Name R. Todd Bowers  
Street Address 200 South Orange Avenue  
City, ST, ZIP Orlando, FL 32801