

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074680

1. Entity Name

HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC.

Principal Place of Business

10575 OLD DIXIE HWY.
ST. AUGUSTINE FL 32095

Mailing Address

10575 OLD DIXIE HWY.
ST. AUGUSTINE FL 33801-5252

2. Principal Place of Business

500 S. FLORIDA AVE
4th FLOOR

3. Mailing Address

500 S. Florida Avenue, Suite 240
Lakeland, FL 33801

City & State

LAKE LAND, FL.

City & State

LAKE LAND, FL.

Zip

33801

Country

POLK

Zip

Country

4. FEI Number

59-3465248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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.

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN PENNACHIO	
STREET ADDRESS	10575 OLD DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JOHN B HART	
STREET ADDRESS	10575 OLD DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARK R WELLS	
STREET ADDRESS	10575 OLD DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	FITTERMAN, BARRY M	
STREET ADDRESS	10575 OLD DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. Florida Avenue, Suite 240	
STREET ADDRESS	Lakeland, FL 33801	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. Florida Avenue, Suite 240	
STREET ADDRESS	Lakeland, FL 33801	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. Florida Avenue, Suite 240	
STREET ADDRESS	Lakeland, FL 33801	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 1 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91061 001 ***900.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)