

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074680

1. Entity Name
HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90161 001 *1,800.00

Principal Place of Business
500 S FLORIDA AVE
LAKELAND FL 33801

Mailing Address
800 S FLORIDA AVE STE 240
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor /
Lakeland, Florida 33801

Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801



DO NOT WRITE IN THIS SPACE

Zip Country

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

7. Name and Address of New Registered Agent

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

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, 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 P
NAME JOHN PENNACHIO ☐ Delete
STREET ADDRESS 550 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME 500 S. Florida Ave, 4th Floor ☒ Change ☐ Addition
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE CEO
NAME JOHN B HART ☐ Delete
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME 500 S. Florida Ave, 4th Floor ☒ Change ☐ Addition
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE VS
NAME MARK R WELLS ☐ Delete
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME 500 S. Florida Ave, 4th Floor ☒ Change ☐ Addition
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE TAS
NAME FITTERMAN, BARRY M ☐ Delete
STREET ADDRESS 10575 OLD DIXIE HWY.
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE
NAME 500 S. Florida Ave, 4th Floor ☒ Change ☐ Addition
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)