

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100964

1. Entity Name

PEG INSURANCE GROUP, INC.

FILED

Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90042 042 \*\*\*150.00

Principal Place of Business

Mailing Address

333 6TH AVE W  
BRADENTON FL 34205

339 6TH AVE W  
BRADENTON FL 34205-8820

00040033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALTON, OTIS L  
333 6TH AVE W  
BRADENTON FL 34205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALTON, OTIS L  
CITY-ST-ZIP 333 6TH AVE W  
BRADENTON FL 34205

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RATH, DORRIS A  
CITY-ST-ZIP 339 6TH AVENUE W  
BRADENTON FL 34205

TITLE ☒ Change ☐ Addition  
NAME Secretary/Director  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President/Director  
STREET ADDRESS Virginia A. Dorris  
CITY-ST-ZIP 339 6th Ave West  
Bradenton, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Executive VP/Director  
STREET ADDRESS Brian R. Varnadore  
CITY-ST-ZIP 339 6th Ave W  
Bradenton, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Treasurer/Director  
STREET ADDRESS William Hawthorne, Jr.  
CITY-ST-ZIP 1301 6th Ave W #600  
Bradenton, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Chairman/Director  
STREET ADDRESS Walter Williams  
CITY-ST-ZIP 3561 Silvery Lane  
Jacksonville, FL 32217

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Virginia A. Dorris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(see attachment)

CR2E034 (9/99)