

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006898

1. Entity Name

HIGH MARK INSURANCE AND FINANCIAL SERVICES OF SA

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

05-17-2000 91061 001 ***900.00

Principal Place of Business

Mailing Address

500 S. FLORIDA AVE., SUITE 240
 LAKELAND FL 33801

500 S. FLORIDA AVE., SUITE 240
 LAKELAND FL 33801-5252



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

59-3489614

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

SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 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, 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
 P
 LUCCE, ROBERT
 3212 GULF GATE DR.
 SARASOTA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~500 S. Florida Avenue, Suite 240~~ ☐ Change ☐ Addition
 Lakeland, FL 33801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 HART, JOHN B
 10575 OLD DIXIE RD.
 ST. AUGUSTINE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
 Lakeland, FL 33801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 EVPS
 WELLS, MARK R
 10875 OLD DIXIE RD.
 ST AUGUSTINE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
 Lakeland, FL 33801

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
 Lakeland, FL 33801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 PENNACHIO, JOHN
 10575 OLD DIXIE RD.
 ST AUGUSTINE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
 Lakeland, FL 33801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)