

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007626

1. Entity Name  
CARECO INSURANCE GROUP, INC.



**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90111 001 \*\*\*150.00

Principal Place of Business  
3827 E. COLONIAL DR.  
ORLANDO FL 32803

Mailing Address  
P.O. BOX 140965  
ORLANDO FL 32814-0965  
US

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 59-3494559

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

HAYNES, DAVID S  
6470 EDGEWORTH DR  
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME HAYNES, DAVID  
STREET ADDRESS 10519 WYNDCLIFF DR  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition  
NAME 6470 Edgeworth Dr.  
STREET ADDRESS Orlando, FL 32819  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BRUCE, LINDA F  
STREET ADDRESS 10519 WYNDCLIFF DR  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☒ Change ☐ Addition  
NAME Linda B. Haynes  
STREET ADDRESS 6470 Edgeworth Dr.  
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

407-816-2030

Date

Daytime Phone #

CR2E034 (10/02)