

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90023 048 ***150.00

DOCUMENT # P98000024612

1. Entity Name

FIRST PROTECTIVE INSURANCE COMPANY

Principal Place of Business
1857WELLS RD
STE 226
ORANGE PARK FL 32073
US

Mailing Address
99 HILLSIDE AVE
STE 990
WILLISTON PARK NY 11596
US

00007703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3498334**
 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
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

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, 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

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	DURR, CHARLES E	
STREET ADDRESS	75 COLONIAL AVE	
CITY-ST-ZIP	WILLISTON PARK NY 11596	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNHAM, FRANK G III	
STREET ADDRESS	6229 KENWICK	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARHAM, NORMAN	
STREET ADDRESS	185 HIGHLAND AVE	
CITY-ST-ZIP	MONTCLAIR NJ 07042	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 POINSETTIA LANE	
CITY-ST-ZIP	MANHATTAN BEACH CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13782 MONACO WAY	
STREET ADDRESS	PALM BEACH GARDENS, FLORIDA	
CITY-ST-ZIP	33410	
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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY KELLER	
STREET ADDRESS	777 MAIN STREET SUITE 1000	
CITY-ST-ZIP	FORT WORTH, TEXAS 76107	

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:

Charles E. Dur
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

(516) 248-8826
 Daytime Phone #

CR2E034 (10/00)