

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026443

1. Entity Name

ATLANTIC PREFERRED INSURANCE COMPANY

Principal Place of Business

Mailing Address

1057 MAITLAND CENTER COMMONS  
SUITE 100  
ORLANDO FL 32751

1057 MAITLAND CENTER COMMONS  
SUITE 100  
ORLANDO FL 32751-7433

2. Principal Place of Business

3. Mailing Address

201 East Pine St.

201 East Pine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32801-2719

USA

32801-2719

USA

4. FEI Number

59-3498544

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

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

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 CPD ☐ Delete  
NAME HOPKINS, ROBERTA J  
STREET ADDRESS 1230 PARK POINTE LANE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE CD ☒ Change ☐ Addition  
NAME Hopkins, Roberta J.  
STREET ADDRESS 1230 Park Pointe Lane  
CITY-ST-ZIP Winter Park, FL 32789

TITLE SVPD ☐ Delete  
NAME KEEFE, LOIS R  
STREET ADDRESS 1555 WATERWITCH DRIVE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☐ Addition  
NAME Keefe, Lois Rakus  
STREET ADDRESS 1555 Waterwitch Drive  
CITY-ST-ZIP Orlando, FL 32806

TITLE VPS ☒ Delete  
NAME KEEFE, LOIS RAKUS  
STREET ADDRESS 1555 WATERWITCH DRIVE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE S ☐ Change ☒ Addition  
NAME James, Thomas, B.  
STREET ADDRESS 10431 Glassborough, Drive  
CITY-ST-ZIP Orlando, FL 32825

TITLE TD ☐ Delete  
NAME KNIGHT, JON M  
STREET ADDRESS 2402 ORCHARD DRIVE  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE D ☐ Delete  
NAME HUGGINS, J A  
STREET ADDRESS 1057 MAITLAND CENTER COMMONS SUITE 100  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☐ Delete  
NAME SEALL, JOHN P  
STREET ADDRESS 1209 AUSTIN ROAD  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition  
NAME  
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 #

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90055 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

*Lois Rakus Keefe* LOIS RAKUS KEEFE

1/10/00

1-888-558-1332