2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90005 037 ***150.00

DOCUMENT # P98000026443

1. Entity Name
ATLANTIC PREFERRED INSURANCE COMPANY

Principal Place of Business	Mailing Address
~~201 E PINE ST~~ ~~SUITE 600~~ ~~ORLANDO FL 32801-2718~~	~~201 E PINE ST~~ ~~SUITE 600~~ ~~ORLANDO FL 32801-2718~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
511 BAY ST.	511 BAY ST.
Suite, Apt. #, etc. STE. 400	Suite, Apt. #, etc. STE. 400
City & State TAMPA, FL	City & State TAMPA, FL
Zip: 33606 Country: U.S.A.	Zip: 33606 Country: U.S.A.

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 COMMISIONER~~ ~~CAPITOL BUILDING~~ ~~TALLAHASSEE FL 32301~~	Name: JAN JACOB MEDER Street Address (P.O. Box Number is Not Acceptable): 511 BAY ST., STE. 400 City: TAMPA FL Zip Code: 33606

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 _____ JAN JACOB MEDER 4/25/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ ~~HOPKINS, ROBERTA J~~ ~~1230 PARK POINTE LANE~~ ~~WINTER PARK FL 32789~~	☒ Delete	C/D WURDEMAN, JAMES E. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~KEEFE, LOIS R~~ ~~1555 WATERWITCH DRIVE~~ ~~ORLANDO FL 32806~~	☒ Delete	VC/D POE, JR., WILLIAM F. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~JAMES, THOMAS B~~ ~~10431 GLASSBOROUGH DR~~ ~~ORLANDO FL 32825~~	☒ Delete	P/CEO KRZESINSKI, THOMAS S. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~KNIGHT, JON M~~ ~~2402 ORCHARD DRIVE~~ ~~APOPKA FL 32712~~	☒ Delete	D POE, SR., WILLIAM F. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~HUGGINS, J A~~ ~~1057 MAITLAND CENTER COMMONS SUITE 100~~ ~~MAITLAND FL 32751~~	☒ Delete	D SMITH, KEREN P. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~SEALL, JOHN P~~ ~~1209 AUSTIN ROAD~~ ~~ORLANDO FL 32806~~	☒ Delete	D LUNSKIS, MARILYN P. 511 BAY ST., STE. 400 TAMPA, FL 33606	☐ Change	☒ Addition

CR2E034 (10/00)

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: _____ JAN JACOB MEDER 4/24/01 813-259-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
971064

2001 UNIFORM BUSINESS REPORT (UBR)
Attachment to ATLANTIC PREFERRED INSURANCE CO.
DIRECTOR LIST FROM PAGE ONE
Document #P98000026443 –
Item 12 (additions)

P98000026443

D ☐ Change ☒ Addition
MITCHELL, JANICE P.
511 BAY ST., STE. 400
TAMPA, FL 33606

D ☐ Change ☒ Addition
POE, CHARLES E.
511 BAY ST., STE. 400
TAMPA, FL 33606

S/T/CFO ☐ Change ☒ Addition
MEDER, JAN JACOB
511 BAY ST., STE. 400
TAMPA, FL 33606