

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026443

1. Entity Name

ATLANTIC PREFERRED INSURANCE COMPANY

FILED

02 APR 29 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

511 BAY ST  
SUITE 400  
TAMPA FL 33606

Mailing Address

511 BAY ST  
SUITE 400  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3498544

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

MEDER, JAN JACOB  
511 BAY ST  
SUITE 400  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

The State Treasurer &amp; Insurance Commission

Street Address (P.O. Box Number is Not Acceptable)

The Capitol Building

City

Tallahassee

FL

Zip Code  
32399

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME WURDEMAN, JAMES E  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606TITLE VCD ☐ Delete  
NAME POE, WILLIAM F JR  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606TITLE PCEO ☐ Delete  
NAME KRZESINSKI, THOMAS S  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606TITLE D ☐ Delete  
NAME POE, WILLIAM F SR  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606TITLE D ☐ Delete  
NAME SMITH, KEREN P  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606TITLE D ☐ Delete  
NAME LUNSKIS, MARILYN P  
STREET ADDRESS 511 BAY ST., STE 400  
CITY-ST-ZIP TAMPA FL 33606

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Change ☒ Addition  
NAME Janice P. Mitchell  
STREET ADDRESS 511 W. Bay Street, Suite 400  
CITY-ST-ZIP Tampa, FL 33606TITLE Director Vice President ☐ Change ☒ Addition  
NAME Charles E. Poe  
STREET ADDRESS 511 W. Bay Street, Suite 400  
CITY-ST-ZIP Tampa, FL 33606TITLE Director ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Secretary, Treasurer, CFO ☐ Change ☒ Addition  
NAME Jan Jacob Meder  
STREET ADDRESS 511 W. Bay Street, Suite 400  
CITY-ST-ZIP Tampa, FL 33606TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

Thomas S. Krzesinski

813-259-4000

Daytime Phone #



# Poe Financial Group

*Atlantic Preferred Insurance  
Southern Family Insurance*

2/27

April 25, 2002

Annual Reports Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Atlantic Preferred Insurance Company (the "Company")  
Reference Number P98000026443**

I have received your attached letter of April 16, 2002 advising that the registered agent cannot be changed to the Insurance Commissioner.

I contacted Pam Edenfield at the Department of Insurance (850.413.4102). She emailed me a Service of Process Consent & Agreement for me to complete. When I questioned her as to who I was to designate as the person to receive process, she said that the "Insurance Commissioner" was listed as the registered agent of the Company.

I viewed the Division of Corporations website and listed as the registered agent is the "Insurance Commissioner" as shown on the enclosed copy of your website. The Annual Report that we received has Jan Jacob Meder of our office listed as the registered agent.

Please advise which is correct. The Annual Report or your website and what further actions need to be done. Thank you.

Sincerely,

Brenda L. McGehee

Enclosures