

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106316

1. Entity Name

COLONIAL CLAIMS CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90201 032 \*\*\*150.00

Principal Place of Business

Mailing Address

360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701-3857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548430

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

7. Name and Address of New Registered Agent

SEXTON, C. ANTHONY  
360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

Name

Christopher P. Breakiron

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

360 Central Avenue

City St. Petersburg,

FL

Zip Code 33701

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 DC ☐ Delete  
NAME MEEHAN, DAVID  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition  
NAME Howard, David M.  
STREET ADDRESS 360 Central Avenue  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☒ Delete  
NAME BRAGG, JEFFREY S  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition  
NAME S/T CFO  
STREET ADDRESS Breakiron, Christopher P.  
CITY-ST-ZIP 360 Central Avenue  
Saint Petersburg, FL 33701

TITLE D ☐ Delete  
NAME GANTLEY, ROBERT G  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE DC ☒ Delete  
NAME KING, KELLY K  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE DP ☐ Delete  
NAME BRANHAM, J. DOUGLAS  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE DV ☐ Delete  
NAME RIVAS, FELICIA A  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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 #

Christopher P. Breakiron, Secretary

4/12/00 (727) 823-4000 X 4918

CR 014 (9/97)