2000 UNIFORM BUSINESS REPORT (UBR)

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FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P99000019198 1. Entity Name HIGH MARK INSURANCE AND FINANCIAL SERVICES GEPAZM & EACH 05-17-2000 91061 001 ***900.00 Mailing Address Principal Place of Business 500 S. FLORIDA AVE., SUITE 240 500 S. FLORIDA AVE., SUITE 240 LAKELAND FL 33801-5252 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For City & State City & State 59-3569079 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET **SUITE 1800** JACKSONVILLE FL 32202 City Zio 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE EO Change Addition Addition TITLE ☐ Delete JOHN B. HART NAME NAME STREET ADDRESS 500 S. Florida Avenue, Suite 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801 Change Addition PRES TITLE □ Delete TITLE JOHN J. PENNACHIO NAME NAME 500 S. Florida Avenue, Suite 240 STREET ADDRESS STREET ADDRESS Lakeland, FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE MARK R. WELLS 500 S. Florida Avenue, Suite 240 NAME NAME STREET ADDRESS STREET ADDRESS Lakeland, FL 33801 CITY-ST-ZIP CITY-ST-ZIP Addition Addition □ Change Delete TITLE TITLE LITA G. HARA NAME NAME 500 S. Florida Avenue, Suite 240 STREET ADDRESS STREET ADDRESS Lakeland, FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ∠Addition TITLE BARRY M.FITTERMAN NAME NAME STREET ADDRESS STREET ADDRESS 500 S. Florida Avenue, Suite 240 CITY-ST-ZIP CITY-ST-7/P Lakeland, FL 33801 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accorate 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 in Block 13 in Block 12 in Block 12