

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019198

1. Entity Name
HIGH MARK INSURANCE AND FINANCIAL SERVICES OF PA

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90161 001 *1,800.00

Principal Place of Business
500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801

Mailing Address
500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801

Suite, Apt. #, etc.
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801

4. FEI Number 59-3569075

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

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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, 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
CEO
HART, JOHN B
500 S FLORIDA AVE STE 240
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PENNACHIO, JOHN J
500 S FLORIDA AVE STE 240
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WELLS, MARK R
500 S FLORIDA AVE STE 240
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HART, LITA G
500 S FLORIDA AVE STE 240
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
FITTERMAN, BARRY M
500 S FLORIDA AVE STE 240
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Barry M. Fitterman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)