

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 005 ***150.00

DOCUMENT # P99000021135

1. Entity Name
**UNITED PROPERTY & CASUALTY INSURANCE
COMPANY**



Principal Place of Business Mailing Address
**700 CENTRAL AVE
STE 302
SAINT PETERSBURG, FL 33701**

60000372



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3560143

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME BRANCH, GREG C
STREET ADDRESS 335 NORTHEAST WATULA AVENUE
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ Change ☒ Addition
NAME Pat DeLacey
STREET ADDRESS 400 Blackstone Ave
CITY-ST-ZIP La Grange IL 60525

TITLE V ☐ Delete
NAME RUSSELL, MELVIN A
STREET ADDRESS 700 CENTRAL AVE STE 302
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Change ☒ Addition
NAME Bill Hood
STREET ADDRESS 16120 US Hwy 19N.
CITY-ST-ZIP Clearwater, FL 33764

TITLE D ☐ Delete
NAME FAZLIN, FAZAL
STREET ADDRESS 12000 28TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE ☐ Change ☒ Addition
NAME Kent Whittemore
STREET ADDRESS 1 Beach Dr SE Ste 205
CITY-ST-ZIP St. Petersburg FL 33701

TITLE CEO ☐ Delete
NAME CRONIN, DON
STREET ADDRESS 700 CENTRAL AVE STE 302
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Change ☒ Addition
NAME Kern Davis
STREET ADDRESS 6319 Bahama Shores Dr. S.
CITY-ST-ZIP St. Petersburg FL 33705

TITLE D ☐ Delete
NAME POITEVINT II, ALEC L
STREET ADDRESS 1100 DOTHAN RD
CITY-ST-ZIP BAINBRIDGE, GA 31717

TITLE ☐ Change ☒ Addition
NAME Mark Berset
STREET ADDRESS 1 Beach Dr SE Ste 230
CITY-ST-ZIP St. Petersburg FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

Don Cronin 3/8/07 (727) 895-7737

Date

Daytime Phone #