

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000040273**1. Entity Name  
INSURANCE MANAGEMENT CORPORATION OF SOUTHWEST FLORIDA,  
INC.

## Principal Place of Business

1850 BOY SCOUT DRIVE  
SUITE A101  
FORT MYERS  
33907

FL

## Mailing Address

P.O. BOX 60043  
FORT MYERS  
33907

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

P.O. BOX 60043

Suite, Apt. #, etc.

## City &amp; State

FORT MYERS  
FL

## Zip

## Country

Zip  
33906

## Country

## 4. FEI Number

65-0918523

## Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NELSON JOHN J  
6451 MORGAN LA FEE LANEFORT MYERS  
33914

US

FL

## 7. Name and Address of New Registered Agent

## Name

NELSON JOHN J

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

6451 MORGAN LA FEE LANE

## City

FORT MYERS

FL

Zip Code  
33912

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)

01/03/2001

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CHILD BRADFORD C	
STREET ADDRESS	3311 SE 19TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEBB MARK R	
STREET ADDRESS	15 BAYWOOD COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON JOHN J	
STREET ADDRESS	6451 MORGAN LA FEE LANE	
CITY-ST-ZIP	FORT MYERS FL 33914	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	NELSON JOHN J	
STREET ADDRESS	6451 MORGAN LA FEE LANE	
CITY-ST-ZIP	FORT MYERS FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON JOHN J	
STREET ADDRESS	6451 MORGAN LA FEE LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** R. Mark Webb

ST

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)