

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000040273

FILED  
Feb 22, 2002 8:00 AM  
Secretary of State

**Entity Name:** INSURANCE MANAGEMENT CORPORATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1850 BOY SCOUT DRIVE  
SUITE A101  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60043  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 65-0918523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, JOHN J  
6451 MORGAN LA FEE LANE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELSON, JOHN J  
Address: 6451 MORGAN LA FEE LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete  
Name: WEBB, MARK R  
Address: 15 BAYWOOD COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: CHILD, BRADFORD C  
Address: 3311 SE 19TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: WEBB, ROBERT M  
Address: 15 BAYWOOD COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: NELSON, JOHN M  
Address: 5261 JACKSON ROAD  
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. WEBB

ST

02/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date