

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03977

1. Entity Name

GULF PREMIUM FINANCE COMPANY

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 046 ***158.75

Principal Place of Business

1545 RAYMOND DIEHL ROAD
 3RD FLOOR
 TALLAHASSEE FL 32308

Mailing Address

PO BOX 12200
 TALLAHASSEE FL 32317-2200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3106295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XXXX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, JOSEPH W
 1545 RAYMOND DIEHL ROAD
 3RD FLOOR
 TALLAHASSEE FL 32308

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, 2000 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 DP ☐ Delete
 NAME MC CANN, JOHN D
 STREET ADDRESS 1545 RAYMOND DIEHL RD., 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Change ☒ Addition
 NAME Patterson, Todd, DO
 STREET ADDRESS 1545 Raymond Diehl Rd., 3rd Floor
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE PD ☐ Delete
 NAME JACOBS, JOSEPH W
 STREET ADDRESS 1545 RAYMOND DIEHL ROAD., 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE S ☐ Delete
 NAME MATLOCK, GEORGE V
 STREET ADDRESS 1545 RAYMOND DIEHL RD., 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☒ Delete
 NAME ATKINS, KATHLEEN B
 STREET ADDRESS 1545 RAYMOND DIEHL RD., 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE T ☒ Delete
 NAME THOMPSON, WILLIAM J
 STREET ADDRESS 1545 RAYMOND DIEHL ROAD 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☐ Delete
 NAME ECKERLEIN, R.F.
 STREET ADDRESS 1545 RAYMOND DIEHL ROAD., 3RD FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ 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:

John D. McCann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

386-1115

Date

Daytime Phone #