

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V06785**

1. Entity Name

SUMMIT HOLDING CORPORATION

Principal Place of Business

**2310 A TO Z PARK RD.
LAKELAND FL 33801**

Mailing Address

**2310 A TO Z PARK RD.
LAKELAND FL 33801**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3107347

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HODGES, RICKY T
2310 A-Z PARK RD
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LANGWELL, DENNIS J	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, DAVID H	
STREET ADDRESS	175 BERKELEY ST.	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BULL, WILLIAM	
STREET ADDRESS	2310 A TO Z PARK RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARIZIANO, FREDRIC G	
STREET ADDRESS	175 BERKELEY ST.	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, TIMOTHY M	
STREET ADDRESS	175 BERKELEY ST.	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WALL, RUSSELL L	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND FL 33801	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger L. Jean	
STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Hanselman	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol P. Sipe	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky T. Hodges, PresidentDate **4-25-00**Daytime Phone # **863-665-6060****FILED**
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90064 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)