

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90195 040 ***150.00

DOCUMENT # **P98000024612**

1. Entity Name
FIRST PROTECTIVE INSURANCE COMPANY



Principal Place of Business
**1857WELLS RD
STE 226
ORANGE PARK FL 32073
JFS**

Mailing Address
**99 HILLSIDE AVE
STE 999
WILKISTON PARK NY 11596
US**



2. Principal Place of Business
**615 Crescent Exec Ct.
Suite # 100**

3. Mailing Address
PO BOX 952709

City & State
**LAKE MARY, FL
32746 USA**

City & State
**LAKE MARY, FL
32795 USA**

4. FEI Number **59-3498334**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL**

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

SIGNATURE

Signature of individual or designated agent and by it applying

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPTS	☐ Delete
NAME	DURR, CHARLES E	
STREET ADDRESS	75 COLONIAL AVE	
CITY-STATE-ZIP	WILKISTON PARK NY 11596	
TITLE	D	☐ Delete
NAME	BARHAM, NORMAN	
STREET ADDRESS	13782 MONACO WAY	
CITY-STATE-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	☐ Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 POINSETTIA LANE	
CITY-STATE-ZIP	MANHATTAN BEACH CA	
TITLE	D	☐ Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-STATE-ZIP	SUMMIT NJ 07901	
TITLE	D	☐ Delete
NAME	KELLER, JOY	
STREET ADDRESS	777 MAIN ST SUITE 1000	
CITY-STATE-ZIP	FORT WORTH TX 76107	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

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

12. 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 10 or Block 11, changed, or on an attachment with all records, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

4-27-2003

407-444-5224