2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2000 8:00 am DOCUMENT # 175536 1. Entity Name Secretary of State ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC. 02-08-2000 90138 005 ***150.00 Mailing Address Principal Place of Business 901 N.W. 51ST STREET P.O. 310704 **BOCA RATON FL 33431** BOCA RATON FL 33431-0704 710846 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied Fu City & State City & State 4. FEI Number 59-0714428 Not A Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32314 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May 7 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD ☐ Delete VCD ☐ Change TITLE SHEBEL, JON L NAME Michael Zagorac, Jr. NAME STREET ADDRESS STREET ADDRESS 901 NW 51ST ST 153 Palmetto Road CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Belleair, FL 33756 $\square \cdots$ ☐ Change ☐ Delete TITLE WHITE, FRANK T NAME NAME STREET ADDRESS STREET ADDRESS 901 NW 51ST ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** €D≂ FI: Change -Defete: -TITHE THE WEST, ROBERT T NAME NAME STREET ADDRESS 516 N. ADAMS ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP □ · · · · VCD ☐ Change ☐ Detete TITLE DAVIS, T. WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 910 SAN MARCO BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Delete ☐ Change TITLE SPEARMAN, GUY M NAME STREET ADDRESS 402 HIGHPOINT DR STE A STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32926** ☐ Change Delete TITLE TITLE McGarvey, Daniel J. 901 NW 51 Street NAME NAME STREET ADDRESS STREET ADDRESS

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 informatio 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

「人会シー」 Daniel J. McGarvey

1/28/00

<u>Boca Raton, FL 33431</u>

(561) 994-9888

Daytime Phone #