2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90002 050 ****61.25

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DOCUMENT # 703118

1. Entity Name
OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSUR

Principal Place of Business	Mailing Address
151 MARY ESTHER BLVD.. STE. 501 MARY ESTHER FL 32569	PO BOX 185 FT. WALTON FL 32549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
114 Palmetto St	P.O. Box 185
Suite, Apt. #, etc.: Suite 8	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Ft Walton Beach FL
Zip: 32541 Country: USA	Zip: 32549 Country: USA

4. FEI Number 59-2897951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILDEBRANDT, ANNE M 151 MARY ESTHER BLVD., STE. 501 MARY ESTHER FL 32569	Name: Hildebrandt, Anne M Street Address (P.O. Box Number is Not Acceptable): 114 Palmetto St Suite 8 City: Destin FL Zip Code: 32541

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: Anne Hildebrandt Annettildebrandt, Secretary/Tres. 4/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FULLER, GARRETT 174 BONAIRE BLVD. DESTIN FL 32541	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HURSTON, ROD 4839 SOUND SIDE DR. GULF BREEZE FL 32561	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HILDEBRANDT, ANNE 2065 ORTEGA DR. NAVARRE FL 32566	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E037 (10/00)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Anne Hildebrandt Annettildebrandt Secretary/Tres 4/17/01 850 837-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #