

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39584

1. Entity Name

CAPITAL CASUALTY INSURANCE AGENCY, INC.

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90138 041 ***150.00

Principal Place of Business

1425 PIEDMONT DR. E.
101
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 13058
TALLAHASSEE FL 32317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2113388

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

DAVID M. MOORE SR
1425 PIEDMONT DR. E.
#301
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, 2001 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 VD ☐ Delete
NAME COLLINS, LINDA M.
STREET ADDRESS 1425 PIEDMONT DR E. #101
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE D ☐ Delete
NAME COLLINS, JOHN T
STREET ADDRESS 1425 PIEDMONT DR STE 101
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE VD ☐ Delete
NAME LAUDER, DALE
STREET ADDRESS 1425 PIEDMONT DR E #301
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE TD ☐ Delete
NAME TATE, DALTON A, JR
STREET ADDRESS 1425 PIEDMONT DR E. #301
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE S ☐ Delete
NAME WILLIAMS, DANA M.
STREET ADDRESS 6672 CROOKED CREEK RD.
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE PD ☐ Delete
NAME MOORE, DAVID M, SR
STREET ADDRESS 1425 PIEDMONT DR E. #301
CITY-ST-ZIP TALLAHASSEE, FL 0

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)