2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10006

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90101 036 ***150.00

1. Entity Name

UNIVERSAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
SPRING GLEN RD STE 507 JACKSONVILLE FL 32207	3115 SPRING GLEN RD STE 507 JACKSONVILLE FL 32207-5907

DO NOT WRITE IN THIS SPACE

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 59-2251989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KOEGLER, STEVEN C.~~
~~217 PONTE VEDRA PARK DRIVE~~
~~BUILDING 100 SUITE 200~~
~~PONTE VEDRA BEACH FL 32082~~

7. Name and Address of New Registered Agent

Name: WALKER, JAMES
Street Address (P.O. Box Number is Not Acceptable): 217 Ponte Vedra Park Drive
Building 100 Suite 200
City: Ponte Vedra Beach **FL** Zip Code: 32082

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: James Walker FEB 24 2000
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROMITA, JOAN 2392 COVINGTON CRK CIR E JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROMITA, JOAN 4975 San Jose Blvd #113 Jacksonville Fl 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMALL, ROBERT 3801 CROWN POINT #2114 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CROMATTIE, RICHARD S 5120 HARROW RD JAX FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CROMARTIE, RICHARD S 5120 HARROW RD JACKSONVILLE FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED Joan Romita JOAN ROMITA 2-23-00 904 396 5789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #