

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90166 020 ***150.00

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DOCUMENT # K49104

1. Entity Name
FIDELITY INSURANCE AGENCY, INC.



Principal Place of Business
**100 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442**

Mailing Address
**111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442
US**



2. Principal Place of Business
100 JIM MORAN BLVD.
Suite, Apt. #, etc.

3. Mailing Address
111 JIM MORAN BLVD.
Suite, Apt. #, etc. **MAIL DEPT JMFDF018
LEGAL DEPT**

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH FL
Zip
33442
Country
USA

City & State
DEERFIELD BEACH FL
Zip
33442
Country
USA

4. FEI Number **65-0087356**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D	<input type="checkbox"/> Delete
NAME	MORAN, PATRICIA G	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEAGLES, LOUIS R	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SREENAN, PATRICK	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	COOD	<input type="checkbox"/> Delete
NAME	CURRAN, WILLIAM	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, PATRICIA G.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEAGLES, LOUIS R	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SREENAN, PATRICK H	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	COOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, WILLIAM F.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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

SIGNATURE: **JOHN J. WHELAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **04/10/03** Daytime Phone # **954-420-4617**

CR2E034 (10/02)

Attachment
Doc # KLP104
800 895 81

**FIDELITY INSURANCE AGENCY, INC.
OFFICERS AND DIRECTORS**

Federal ID #: 65-0087356

Directors

Patricia G. Moran
Colin W. Brown
Louis R. Feagles
William F. Curran
Ronald M. Coombs
Donna C. McWilliams

Officers

Title

Louis R. Feagles	President
William F. Curran	Chief Operating Officer
Ronald M. Coombs	Vice President and Chief Financial Officer, Assistant Treasurer
Donna C. McWilliams	Vice President, Finance and Assistant Treasurer
Maria K Guttuso	Vice President and General Counsel, Assistant Secretary
Patrick H. Sreenan	Vice President
Patrick C. Ossenbeck	Treasurer
John J. Whelan	Secretary

Address of Officers And Directors

100 Jim Moran Blvd.
Deerfield Beach, Florida 33442