

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90155 013 ****50.00

DOCUMENT # L00000009878

1. Entity Name

HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF SOUTH FLORIDA, L.L.C.

Principal Place of Business

**1020 NORTH ORLANDO AVENUE
 MAITLAND FL 32751**

Mailing Address

**1020 NORTH ORLANDO AVENUE
 MAITLAND FL 32751**

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

59-3667172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BREEN, JAMES H
 1020 NORTH ORLANDO AVENUE
 MAITLAND FL 32751**

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAUSERT, THOMAS J 6081 VIA VENETIA N DELRAY BEACH FL 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIBLEY, B. CRAIG 2521 DELORAINE TRAIL MELBOURNE FL 32751	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREEN, JAMES H 465 CHICKEE COURT LAKE MARY FL 32746	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, TERRY L 1831 S SUMMERLIN ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JAMES H. BREEN
 TREASURER

4-10-02

407 647 1614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)