

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**  
 03-25-2000 90009 039 \*\*\*150.00

**DOCUMENT # P94000005305**

1. Entity Name  
**THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.**

Principal Place of Business 1386 S. SAXON BLVD. DELTONA FL 32725	Mailing Address 1386 S. SAXON BLVD. DELTONA FL 32725-4665
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-3227963</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, JULIAN**  
**1386 S. SAXON BLVD.**  
**DELTONA FL 32725**

**7. Name and Address of New Registered Agent**

Name **Julian E. Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1386 S. SAXON BLVD**  
 City **DELTONA** FL Zip Code **32725**

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 *Julian E. Rodriguez* **Julian E. Rodriguez** **03-21-00**  
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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JULIAN</b>	NAME	<b>RODRIGUEZ Julian</b>
STREET ADDRESS	<b>1386 S. SAXON BLVD.</b>	STREET ADDRESS	<b>1386 S SAXON BLVD</b>
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	CITY-ST-ZIP	<b>DELTONA FL 32725</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ELAINE Y</b>	NAME	
STREET ADDRESS	<b>1386 S. SAXON BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	CITY-ST-ZIP	
TITLE	<b>SI</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ROSA B</b>	NAME	
STREET ADDRESS	<b>1386 S. SAXON BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JULIAN E</b>	NAME	<b>Rodriguez, Julian E</b>
STREET ADDRESS	<b>1386 S. SAXON BLVD.</b>	STREET ADDRESS	<b>1386 S. SAXON BLVD</b>
CITY-ST-ZIP	<b>DELTONA FL</b>	CITY-ST-ZIP	<b>DELTONA FL 32725</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Julian E. Rodriguez* **Julian E. Rodriguez** **03-21-00** **(904)985-2992**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)