

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90072 006 \*\*\*150.00

**DOCUMENT # 290352**

1. Entity Name

**FLAGLER COUNTY INSURANCE AGENCY, INC.**

Principal Place of Business

**405 E. MOODY BLVD.  
P.O. BOX 128  
BUNNELL FL 32110**

Mailing Address

**405 E. MOODY BLVD.  
P.O. BOX 128  
BUNNELL FL 32110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1096951**

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

**PEAVY-TILTON, PATRICIA  
44 EGRET TRAIL  
405 E MOODY BLVD, BOX 128  
BUNNELL FL 32110-0128**

Name **HOWELL V. PEAVY**

Street Address (P.O. Box Number is Not Acceptable)

**3580 SO. OCEANSHORE BLVD., UNIT #303**

**405 E. Moody Blvd., Box 128**

City **BUNNELL, FLORIDA**

**FL**

Zip Code **32110-0128**

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]*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**March 1, 2001**

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 **P** ☒ Delete  
NAME **PEAVY-TILTON, PATRICIA**  
STREET ADDRESS **44 EGRET TRAIL**  
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE **C** ☐ Delete  
NAME **PEAVY, HOWELL V**  
STREET ADDRESS **405 E MOODY BV**  
CITY-ST-ZIP **BUNNELL FL**

TITLE ☒ Change ☐ Addition  
NAME **CHAIRMAN/PRESIDENT**  
STREET ADDRESS **HOWELL V. PEAVY**  
CITY-ST-ZIP **405 E. Moody Blvd., Box 128**  
**BUNNELL, FLORIDA 32110-0128**

TITLE **VPS** ☐ Delete  
NAME **STONE, JANET PEAVY**  
STREET ADDRESS **P.O. BOX 350710, NA**  
CITY-ST-ZIP **PALM COAST FL**

TITLE ☒ Change ☐ Addition  
NAME **VICE PRES. & SECT.**  
STREET ADDRESS **JANET PEAVY-ROBERTS**  
CITY-ST-ZIP **350 ORIOLE STREET**  
**KEYSTONE HEIGHTS, FLORIDA**

TITLE **T** ☐ Delete  
NAME **KELLY, BEVERLY A**  
STREET ADDRESS **P O BOX 382 NA**  
CITY-ST-ZIP **BUNNELL FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/2001 \* 904-437-3392**

Date

Daytime Phone #

CR2E034 (10/00)