

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

541 E. MITCHELL HAMMOCK ROAD, STE. 100
OVIEDO, FL 32765

Current Mailing Address:

541 E. MITCHELL HAMMOCK ROAD, STE. 100
OVIEDO, FL 32765

FEI Number: 59-3679331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY
541 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765 US

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: CAROL COADY

02/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SONDAK, ROBERT M
Address 10105 SW 44TH LANE
City-State-Zip: GAINESVILLE FL 32608

Title D
Name DOPPELT, AVA K
Address 851 MAYFIELD AVENUE
City-State-Zip: WINTER PARK FL 32789

Title D, DIRECTOR
Name LOUCKS, WILLIAM E
Address ONE NORTH CAMILLIA COURT
City-State-Zip: ORANGE CITY FL 32763

Title SD
Name WILLIAMS, GARY
Address 307 ROSEHILL DRIVE, EAST
City-State-Zip: TALLAHASSEE FL 32312

Title TD
Name DISQUE, PHILIP A
Address 707 S.E. 3RD AVENUE, STE 400
City-State-Zip: FORT LAUDERDALE FL 33316

Title PRESIDENT
Name SARGENT, CATHLEEN M
Address 541 E. MITCHELL HAMMOCK ROAD,
STE. 100
City-State-Zip: OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHLEEN M. SARGENT

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02/19/2024

Electronic Signature of Signing Officer/Director Detail

Date