

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 155301

1. Entity Name

HEAD-BECKHAM INSURANCE AGENCY, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90919 050 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3050 BISCAYNE BLVD. #412~~  
~~MIAMI FL 33137~~

~~3050 BISCAYNE BLVD. #412~~  
~~MIAMI FL 33137~~

2. Principal Place of Business

3401 NW 82 Ave

3. Mailing Address

3401 NW 82 Ave

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-0588543

Applied For

Not Applicable

Zip  
 33122-1052

Country  
 U.S.A.

Zip  
 33122-1052

Country  
 U.S.A.

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

BECKHAM III, WILLIAM E  
 3050 BISCAYNE BLVD #412  
~~MIAMI FL 33137~~

Name

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

3401 NW 82 AVE #300

City

MIAMI

FL

Zip Code

33122-1052

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

*William E Beckham, PRES.*

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  
 NAME PD  
 STREET ADDRESS BECKHAM, WILLIAM E.  
 CITY-ST-ZIP ~~3050 BISCAYNE BLVD #412~~  
 MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 3401 NW 82 AVE, #300  
 CITY-ST-ZIP MIAMI, FL. 33122-1052

☒ Change ☐ Addition

TITLE  
 NAME VD  
 STREET ADDRESS KEEBY, MICHAEL L  
 CITY-ST-ZIP 10205 SW 135 ST  
 MIAMI FL 33176

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME D  
 STREET ADDRESS HOMER, CHESTER E  
 CITY-ST-ZIP 89 OCEAN AVE  
 KENNEBUNKPORT ME

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME VST  
 STREET ADDRESS JACOBSON, MARC, D  
 CITY-ST-ZIP 115 E RIVO ALTO  
 MIAMI BCH FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME D  
 STREET ADDRESS BARNES, PAUL  
 CITY-ST-ZIP 150 ALHAMBRA CIRCLE, #1260  
 CORAL GABLES FL 33134

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*William E Beckham, PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

714-4400  
 305 470-2044

Daytime Phone #

CR2034 (9/99)