

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 180952

1. Entity Name

VANDROFF INSURANCE AGENCY, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90003 037 \*\*\*150.00

Principal Place of Business

Mailing Address

6900 SOUTHPPOINT DR. N.  
SUITE 400  
JACKSONVILLE FL 32216  
US

6900 SOUTH POINT DR N  
400  
JACKSONVILLE FL 32216-0938  
US

2. Principal Place of Business

3. Mailing Address

5150 Belfort Rd

5150 Belfort Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg #200

Bldg #200

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

Country

Country

32256

USA

32256

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSBCHER, LEWIS  
4215 SOUTHPPOINT BLVD STE 400  
JACKSONVILLE FL 32216

Name

(NOTE: Registered Agent signature required when reinstating)

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

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          | PD                        | <input type="checkbox"/> Delete |
| NAME           | VANDROFF, ARNOLD E.       |                                 |
| STREET ADDRESS | 6900 SOUTHPPOINT DR.N#400 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216     |                                 |
| TITLE          | STD                       | <input type="checkbox"/> Delete |
| NAME           | VANDROFF, PHYLLIS         |                                 |
| STREET ADDRESS | 6900 SOUTHPPOINT DR.N#400 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL           |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | VANDROFF, DAVID           |                                 |
| STREET ADDRESS | 6900 SOUTHPPOINT DR.N#400 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 5150 Belfort Rd., Bldg. #200 |  |
| STREET ADDRESS | Jacksonville, FL 32256       |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 5150 Belfort Rd., Bldg. #200 |  |
| STREET ADDRESS | Jacksonville, FL 32256       |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 5150 Belfort Rd., Bldg. #200 |  |
| STREET ADDRESS | Jacksonville, FL 32256       |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Vandroff

3-8-00

Date

(904) 296-3390

Daytime Phone #

CR2E034 (9/99)