

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217184

1. Entity Name

SCHOOL INSURANCE OF FLORIDA AGENCY INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90085 024 ***150.00

Principal Place of Business

Mailing Address

3097 CAMP RD
DRAWER 4250-ALOMA
OVIEDO FL 32765
US

P.O. BOX 4250
WINTER PARK FL 32793-4250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0856395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONAUGHTY, THOMAS J
3097 CAMP ROAD
OVIEDO FL 32765

Name

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

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 ☐ Delete
NAME V
STREET ADDRESS HUGHES, JOE H JR
CITY-ST-ZIP 768 BEAR CREEK CIRCLE
WINTER SPRINGS FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS HUGHES, DOLORES T
CITY-ST-ZIP 768 BEAR CREEK CIRCLE
WINTER SPRINGS FL

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

TITLE ☐ Delete
NAME VS
STREET ADDRESS MORRIS, PAULETTE S
CITY-ST-ZIP 2432 LAKE VISTA CT APT 202
CASSELBERRY FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3074 Coral Vine Lane
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ Delete
NAME V
STREET ADDRESS BORASKI, JOSEPH A
CITY-ST-ZIP 1026 CHATHAM PINES CIR APT 302
WINTER SPRINGS FL

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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS CONAUGHTY, THOMAS J
CITY-ST-ZIP 4792 DUNBARTON DR
ORLANDO FL 32817

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-365-
8620