

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 229892**

1. Entity Name

REPUBLIC SECURITY INSURANCE AGENCY, INC.**FILED****Feb 26, 2000 8:00 am**
Secretary of State

02-26-2000 90083 011 ***150.00

Principal Place of Business

Mailing Address

~~FRANMEL~~ JOHN. C
S AUSTRIAN AVE
PALM BCH FL 33401~~FRANMEL~~ JOHN. C
P O BOX 3515
W PALM BCH FL 33402-3515
US

2. Principal Place of Business

450 S. Australian Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

4. FEI Number **59-6060167**

Applied For

Not Applicable

Zip
33401

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FIRST BANK OF FLORIDA
450 S AUSTRIAN AVE
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name
Republic Security Financial CorporationStreet Address (P.O. Box Number is Not Acceptable)
450 S. Australian AvenueCity **West Palm Beach** **FL** Zip Code **33401**

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.

2/16/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
D
HASKINS, RICHARD J
450 AUSTRALIAN AVE
WEST PALM BEACH FL 33401☐ Change ☒ Addition
P/D
ANDREW KIRKMAN
450 S. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33401☐ Delete☐ Change ☒ Addition
S/T/D
TERRI NAPOLITANO
450 S. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33401☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition

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 #

CR2E034 (9/99)