

2001 UNIFORM BUSINESS REPORT (UBR)

05-05-2001 90396 001 *1,500.00
229892

DOCUMENT # 229892

1. Entity Name

REPUBLIC SECURITY INSURANCE AGENCY, INC.

FILED

01 MAY -9 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~STRAMMEL, JOHN C~~
450 S AUSTRALIAN AVE
W PALM BCH FL 33401
US

~~STRAMMEL, JOHN C~~
P O BOX 3515
W PALM BCH FL 33402-515
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6060167

Applied For

Not Applicable

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

REPUBLIC SECURITY FINANCIAL CORP.
450 S AUSTRALIAN AVE
W PALM BCH FL 33401

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, 2001 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 D ☒ Delete
NAME HASKINS, RICHARD J
STREET ADDRESS 450 AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PD ☐ Change ☒ Addition
NAME COGSWELL, DAVID G.
STREET ADDRESS 450 S Australian Ave
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE PD ☒ Delete
NAME KIRKMAN, ANDREW
STREET ADDRESS 450 S AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☐ Change ☒ Addition
NAME BALLOT, ALISSA E
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD ☐ Delete
NAME NAPOLITANO, TERRI
STREET ADDRESS 450 S AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VTD ☒ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)