

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299165

1. Entity Name

FERMAN INSURANCE AGENCY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90122 029 ***150.00

Principal Place of Business

1306 W KENNEDY BLVD
TAMPA FL 33606

Mailing Address

1306 W KENNEDY BLVD
TAMPA FL 33606-1849

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

59-1259236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRASKE, STEPHEN B II
1306 W KENNEDY BLVD
TAMPA FL 33606

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	VPST	<input type="checkbox"/> Delete
NAME	STRASKE, STEPHEN B II	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERMAN JR, JAMES L	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FARRIOR, PRESTON L	
STREET ADDRESS	1307 W KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERMAN, CECELIA D.	
STREET ADDRESS	1307 W KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANICE F. STRASKE	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAURA F. FARRIOR	
STREET ADDRESS	1307 W KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	V/D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
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:

James E. Brakeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

813.251.2765
Daytime Phone #

CR2E034 (9/99)

299165

Attachment

721343

STATE OF FLORIDA

Document # 299165

Ferman Insurance Agency, Inc
FEI # 59-1259236

Addition to officers:

James E Brakeman, **Vice President**
1306 W Kennedy Blvd
Tampa, Fl 33606
