

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90169 039 ***150.00

DOCUMENT # 304036

1. Entity Name

ROGER BOUCHARD INSURANCE, INC.

Principal Place of Business

**101 STARCREST DRIVE
 CLEARWATER FL 33765
 US**

Mailing Address

**POST OFFICE BOX 6090
 CLEARWATER FL 33758
 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

59-1117778

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

**BOUCHARD, RICHARD E
 1350 SAGO CT
 DUNEDIN FL 34698**

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, 2002 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 **T** ☐ Delete
 NAME **CARUOLO, GARY S**
 STREET ADDRESS **1026 IDLEWILD DR N**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **Exec VP** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34698**

TITLE **S** ☐ Delete
 NAME **MOORE, DELORES B**
 STREET ADDRESS **30 TURNER ST #708**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **Exec VP** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33756**

TITLE **VD** ☐ Delete
 NAME **BOUCHARD, TIM A.**
 STREET ADDRESS **977 PT SEASIDE DR**
 CITY-ST-ZIP **CRYSTAL BCH FL**

TITLE **COO** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34681**

TITLE **VD** ☐ Delete
 NAME **BOUCHARD, J. RAYMOND**
 STREET ADDRESS **1962 DOWNING PL**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **EO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34683 OK**

TITLE **VD** ☐ Delete
 NAME **HAMBY, MICHAEL D.**
 STREET ADDRESS **2098 ASHBURY DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **Exec VP** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33764**

TITLE **VD** ☐ Delete
 NAME **MOORE, ROBERT T**
 STREET ADDRESS **1778 ARBOR DR S**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VP** ☒ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Raymond Bouchard 4/26/02

Date

Daytime Phone #

CR2E034 (9/01)