2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 325928** 1. Entity Name RUSS JORDAN INSURANCE AGENCY INC. 02-15-2000 90052 004 ***150.00 Principal Place of Business Mailing Address 49 EAST AVENUE NORTH SARASOTA FL 34297 US %, HENRY, P. TRAWICK, P.A. HER TO VIEW TO THE STREET SARASOTA FL-34230-4019 "1": US a salasia a water a 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1212445 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORDAN, RUSSELL, C., JR Street Address (P.O. Box Number is Not Acceptable) 49 EAST AVE. NORTH SARASOTA FL 34237 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE JORDAN, RUSSELL C JR NAME NAME 49 EAST AVENUE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL VTD Change Addition ☐ Delete TITLE TITLE JORDAN, GREGORY K NAME NAME 49 EAST AVENUE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE JORDAN; JUDITH; J. ---NAME-NAMĚ 49 EAST AVE., N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trait 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 receiven or trustee empowered to execute this upon 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 alternative empowered.

SIGNATURE

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