

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90005 011 ***150.00

0080610 AV

DOCUMENT # 352881

1. Entity Name

MERRILL INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

**1209 N DONNELLY ST
P O BOX 67
MOUNT DORA FL 32757
US**

**PO BOX 67
MOUNT DORA FL 32757
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 67

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mount Dora, FL

Zip

Country

Zip

Country

32756-0067

4. FEI Number

59-1279221

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

**MERRILL, JON KENT
1209 NORTH DONNELLY STREET
MOUNT DORA FL 32757**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

**DEPARTMENT OF STATE
FOR REVENUE**

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 ☐ Delete
NAME **ST**
STREET ADDRESS **MERRILL, KAREN L**
CITY-ST-ZIP **40317 W 8TH AVE**
UMATILLA FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MERRILL, JON KENT**
CITY-ST-ZIP **40317 W 8TH AVE PO BOX 753**
UMATILLA FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Tues

352

3/16/02

Daytime Phone #

383-4147

CR2E034 (9/01)