

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394021

1. Entity Name

LAPAR INSURANCE AGENCY, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90335 044 \*\*\*150.00

Principal Place of Business

800 SECOND AVE. SO.  
SUITE 340  
ST. PETERSBURG FL 33701  
US

Mailing Address

800 SECOND AVE. SO.  
SUITE 340  
ST. PETERSBURG FL 33701  
US

2. Principal Place of Business

ONE BEACH DRIVE, S.E.  
SUITE, Apt. #, etc.  
301-C

3. Mailing Address

ONE BEACH DR., S.E.  
SUITE, Apt. #, etc.  
301-C

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-1377054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, J. KENNETH  
800 SECOND AVE. SO.  
SUITE 340  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

PARKER, J. KENNETH

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

ONE BEACH DRIVE, S.E.

SUITE, Apt. #, etc.

301-C

City

ST PETERSBURG

FL

Zip Code

33701

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
LAWRY, CRAIG S.  
300 1ST AVE S STE 400  
ST. PETERSBURG, FL.00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
PARKER, J. KENNETH  
300 AST AVE S STE 400  
ST. PETERSBURG, FL.00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
ONE BEACH DRIVE, S.E.  
ST. PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
ONE BEACH DRIVE, S.E.  
ST. PETERSBURG, FL 33701

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)