

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429655

1. Entity Name

L. GERALD CREWS INSURANCE INC

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90050 048 ***150.00

Principal Place of Business Mailing Address
P O BOX 806 P O BOX 806
12998 WALSLINGHAM ROAD 12998 WALSLINGHAM ROAD
INDIAN ROCKS BEACH FL 34635-0806 INDIAN ROCKS BEACH FL 33785-0806

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1468744

Applied For
Not Applicable

Zip Country

Zip Country

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

CREWS, L GERALD
12998 WALSLINGHAM RD
LARGO FL 33544

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 DP ☐ Delete
NAME CREWS, L GERALD
STREET ADDRESS 7266 129TH ST NO
CITY-ST-ZIP SEMINOLE FL

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

TITLE VD ☒ Delete
NAME CHASE, WARREN E.
STREET ADDRESS 2642 49TH STREET NORTH
CITY-ST-ZIP ST. PETE. FL

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

TITLE ST ☒ Delete
NAME CREWS, REGINA E
STREET ADDRESS 7266 129TH ST NO
CITY-ST-ZIP SEMINOLE FL

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

TITLE VP ☐ Delete
NAME KREMKAU, JEFFREY A.
STREET ADDRESS 12983 HIBISCUS LN
CITY-ST-ZIP SEMINOLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME CHASE, JEFFREY A.
STREET ADDRESS 1801 BROADLEAF CT.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/4/2000

(727) 595-4121