

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 440946

1. Entity Name

COWAN-LEAVELL AGENCY, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90147 025 ***550.00

Principal Place of Business

6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217
US

Mailing Address

6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217-2818
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1495558

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

LEAVELL, MICHAEL T
6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217

Name

David L. Cain

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

6820 St. Augustine Rd

City

Jacksonville

FL

Zip Code

32217

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 AS
NAME LAMB, JANICE S.
STREET ADDRESS 6820 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ Delete

TITLE S/T/D
NAME DEBRA G. Cain
STREET ADDRESS 6820 St. Augustine Rd.
CITY-ST-ZIP Jacksonville, FL 32217 ☐ Change ☒ Addition

TITLE P
NAME LEAVELL, MICHAEL T
STREET ADDRESS 6820 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ Delete

TITLE A/S
NAME JUDY E. WEST
STREET ADDRESS 6820 St. Augustine Rd.
CITY-ST-ZIP Jacksonville, FL 32217 ☐ Change ☒ Addition

TITLE V
NAME CAIN, DAVID L.
STREET ADDRESS 6820 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME LEAVELL, REBECCA L
STREET ADDRESS 6820 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/00

Date

904-737-1988

Daytime Phone #

CR2E034 (9/99)