

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90034 026 ***150.00

DOCUMENT # 454934

1. Entity Name

RONLEE INSURANCE CENTER, INC.

Principal Place of Business

% JOANN H. MEYERS
 SUITE E, 5303 E. COLONIAL DRIVE
 ORLANDO FL 32807

Mailing Address

% JOANN H. MEYERS
 SUITE E, 5303 E. COLONIAL DRIVE
 ORLANDO FL 32807-1865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1532807

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

MEYERS, JOANN H.
 SUITE E
 5303 E. COLONIAL DRIVE
 ORLANDO FL 32807

Name **LORENE M. WILLIAMS**

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

5303 E COLONIAL DR

SUITE E

City

ORLANDO

FL

Zip Code

32807

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Lorene M Williams PRES 3/2/2000

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VC
 MEYERS, JOANN H
 1951 TURNBERRY DR
 OVIEDO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MEYERS, Joann H
 1951 Turnberry Dr
 Oviedo, FL 32765

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PS
 WILLIAMS, LORENE M.
 6310 PECOS COURT
 ORLANDO FL 32807

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PT
 WILLIAMS, LORENE M
 2511 TETON STONE RUN
 ORLANDO FL 32828

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 KEENE, CATHERINE J
 337 ALISON DAPHNE CIR
 ORLANDO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VS
 KEENE, CATHERINE J
 3831 DALLAS BLVD
 ORLANDO FL 32833

☒ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORENE M WILLIAMS, PRES

Date

Daytime Phone #

3/13/2000 407-273-0230

CR2E034 (9/99)