

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454934

1. Entity Name

RONLEE INSURANCE CENTER, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90081 029 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1532807**

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

WILLIAMS, LORENE M
5303 E COLONIAL DR.
ORLANDO FL 32807

Name

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

Lorene M. Williams **Lorene M. Williams 1/4/01**

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 **V** ☒ Delete
NAME **MEYERS, JOANN H**
STREET ADDRESS **1951 TURNBERRY DR**
CITY-ST-ZIP **OVIEDO FL**

TITLE **PT** ☐ Delete
NAME **WILLIAMS, LORENE M.**
STREET ADDRESS **2511 TETON STONE RUN**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VS** ☐ Delete
NAME **KEENE, CATHELENE J**
STREET ADDRESS **3831 DALLAS BLVD.**
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

Lorene M. Williams **Lorene M. Williams 1/4/01**

Date

Daytime Phone #

407-273-0230

CR2E034 (10/00)

0066251