

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90031 018 \*\*\*150.00

**DOCUMENT # 464182**

1. Entity Name  
**GULF COAST INSURANCE AGENCY, INC.**

Principal Place of Business

**7370 COLLEGE PKWY  
SUITE 207  
FT. MYERS FL 33907  
US**

Mailing Address

**7370 COLLEGE PKWY  
SUITE 207  
FT. MYERS FL 33907  
US**

2. Principal Place of Business

**13601 McGregor Blvd  
Suite, Apt. #, etc.  
Suite 17**

3. Mailing Address

**13601 McGregor Blvd  
Suite, Apt. #, etc.  
Suite 17**



DO NOT WRITE IN THIS SPACE

City & State  
**Fort Myers FL**

City & State  
**Fort Myers FL**

4. FEI Number  
**59-1556091**

Applied For  
Not Applicable

Zip Country  
**33919 Lee**

Zip Country  
**33919 Lee**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DILLARD, KENNETH C.  
7370 COLLEGE PKWY  
SUITE 207  
FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**13601 McGregor Blvd**  
Suite 17  
City **Fort Myers FL** Zip Code **33919**

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, 2002 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 ☐ Delete  
NAME **PD DILLARD, KEN**  
STREET ADDRESS **450 KEENAN AVENUE**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete  
NAME **VP AGOSTINO, SUSAN**  
STREET ADDRESS **3806 SW 5TH PL**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete  
NAME **T. DILLARD, KENNETH C**  
STREET ADDRESS **450 KEENAN AVE.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete  
NAME **S DILLARD, SANDRA K**  
STREET ADDRESS **450 KEENAN AVE**  
CITY-ST-ZIP **FT. MYERS FL 33919**

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Kenneth C. Dillard*  
**Kenneth C. Dillard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-432-1730**

CR2E034 (9/01)