

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467040

1. Entity Name

ALLEY, REHBAUM, CAPE, NORTHEAST UNDERWRITERS, I

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90072 021 ***150.00

Principal Place of Business

Mailing Address

4790 1ST STREET N
P.O. BOX 7506
ST. PETE FL 33703
US

P. O. BOX 7506
ST. PETE FL 33703
US

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

59-1541644

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

WATERS, JR W A
11000 GULF BLVD #1504
TREASURE ISLAND FL 33706

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 EVPD ☐ Delete
NAME JOHNSON, BEVERLY
STREET ADDRESS 5057 45 ST N
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE PD ☐ Delete
NAME KIJOWSKI, KENNETH
STREET ADDRESS 13875 OAK FOREST BLVD S
CITY-ST-ZIP SEMINOLE FL

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

TITLE VD ☐ Delete
NAME FRESE, ANTHONY C.
STREET ADDRESS 3 HARBOR COVE STREET
CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE CEO ☐ Delete
NAME WATERS, W.A., JR.
STREET ADDRESS 11000 GULF BLVD., #1504
CITY-ST-ZIP TREASURE ISLAND FL

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

TITLE SVP ☐ Delete
NAME WATERS, W A
STREET ADDRESS 17713 WALL CIRCLE
CITY-ST-ZIP REDINGTON SHORES FL

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

TITLE STD ☐ Delete
NAME WATERS, DONALD E JR
STREET ADDRESS 475 CYPRESS LAKE CT
CITY-ST-ZIP OLDSMAR FL 34677

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 #

CR2E034 (9/99)