

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 550979**

1. Entity Name

**BOB O'NEILL INSURANCE AGENCY, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90021 014 \*\*\*150.00

0408251

Principal Place of Business	Mailing Address
2711 MOSS OAK DRIVE SARASOTA FL 34231	2711 MOSS OAK DRIVE SARASOTA FL 34231

**00005337**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1779322</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>O'NEILL, ROBERT J.</b> <b>2711 MOSS OAK DR.</b> <b>SARASOTA FL 34231</b>		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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, VIRGINIA O	NAME	
STREET ADDRESS	109 GODSPEED LANE	STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSBURG VA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIELGORECKI, MARTHA JEAN	NAME	
STREET ADDRESS	1923 WISTERIA ST.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, RUTH L	NAME	
STREET ADDRESS	2711 MOSS OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, LUCILLE M	NAME	
STREET ADDRESS	2625 MOSS OAK DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, ROBERT J	NAME	
STREET ADDRESS	2711 MOSS OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSNER, KATHERINE O	NAME	
STREET ADDRESS	2811 AINTREE LANE, #E104	STREET ADDRESS	1923 Wisteria St
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	Sarasota, FL 34239

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: *Bob O'Neill*

ROBERT J. O'NEILL

PRESIDENT

1/09/2001

941-923-9370

Date

Daytime Phone #

CR2E034 (10/00)