

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556388

1. Entity Name

COOKE INSURANCE AGENCY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90134 009 ***150.00

Principal Place of Business

3201 N FEDERAL HWY
SUITE 200
FT LAUDERDALE FL 33306
US

Mailing Address

11476 BONANZA CIRCLE
FRANKTOWN CO 80116-9309
US

2. Principal Place of Business

11476 Bonanza Circle
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Franktown, CO

City & State

4. FEI Number

59-1886236

Applied For

Not Applicable

Zip

80116-9309

Country

USA

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

COOKE, PETER
3201 N FEDERAL HWY, STE 200
FORT LAUDERDALE FL 33306

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 PETER M. COOKE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

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	PS	<input type="checkbox"/> Delete
NAME	COOKE, PETER	
STREET ADDRESS	11476 BONANZA CIR	
CITY-ST-ZIP	FRANKTOWN CO 80116	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOKE, PETER	
STREET ADDRESS	11476 BONANZA CIR	
CITY-ST-ZIP	FRANKTOWN CO 80116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)