

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 558758

1. Entity Name

USA INSURANCE GROUP, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90018 026 \*\*\*150.00

Principal Place of Business

Mailing Address

930 S. HARBOR CITY BLVD., 4TH FL  
P.O. BOX 700  
MELBOURNE FL 32902-7700

930 S. HARBOR CITY BLVD., 4TH FL  
P.O. BOX 700  
MELBOURNE FL 32902-0700

2. Principal Place of Business

158 N. Harbor City Blvd.

Suite, Apt. #, etc.

3. Mailing Address

158 N. Harbor City Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-1796755

Applied For

Not Applicable

Zip

32935

Country

US

Zip

32935

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NASH, CHARLES IAN  
930 S HARBOR CITY BLVD, STE 505  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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 NO CHANGE

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

TITLE VSTD ☐ Delete  
NAME TOOLEY, DAVID  
STREET ADDRESS 653 CANDLEWOOD WAY  
CITY-ST-ZIP MELBOURNE FL

TITLE V ☐ Delete  
NAME DEVRIES, JACALYN  
STREET ADDRESS 287 COASTAL HILLS DR.  
CITY-ST-ZIP INDIAN HARBOR BEACH FL

TITLE D ☐ Delete  
NAME LOVE, MARGUERITE  
STREET ADDRESS 2776 N RIVERSIDE DR  
CITY-ST-ZIP N INDIALANTIC FL

TITLE CPD ☐ Delete  
NAME LOVE, RICHARD  
STREET ADDRESS 6164 MINTON ROAD, N.W.  
CITY-ST-ZIP PALM BAY FL

TITLE D ☐ Delete  
NAME LOVE, PHILIP W  
STREET ADDRESS 5420 WILLOUGHBY DRIVE  
CITY-ST-ZIP MELOURNE FL

TITLE D ☐ Delete  
NAME O'BRIEN, WILLIAM K  
STREET ADDRESS 20244 MELVILLE STREET  
CITY-ST-ZIP ORLANDO FL

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 D ☒ Change ☐ Addition  
NAME LOVE, Marguerite  
STREET ADDRESS 6164 Minton Rd. NW  
CITY-ST-ZIP PalmBay, FL 32907

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: David R. Tooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2000

Date

321-751-9320

Daytime Phone #

CR2E034 (9/99)