

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # 576392****1. Entity Name**

CUNNINGHAM INSURANCE AGENCY OF NAPLES, INC.

Principal Place of Business

633 9TH ST. NO.

NAPLES

34102

FL

US

Mailing Address

633 9TH ST. NO.

NAPLES

34102

FL

US

2. Principal Place of Business

9061 S.W. 190TH AVENUE ROAD

3. Mailing Address

9061 S.W. 190TH AVENUE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNNELLON

FL

City & State

DUNNELLON

FL

4. FEI Number

59-1830187

Applied For

Not Applicable

Zip

34432

Country

US

Zip

34432

Country

US

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CUNNINGHAM, HARRY
633 9TH STREET NORTH

NAPLES

34102

FL

US

7. Name and Address of New Registered Agent

Name

WILKINSON G. BARRY

Street Address (P.O. Box Number is Not Acceptable)

696 FIRST AVE. NORTH

SUITE 201

City

ST. PETERSBURG

FL

Zip Code

33701

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 **G. BARRY WILKINSON**

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

(NOTE: Registered Agent signature required when reinstating)

06/27/2000

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**

TITLE	STD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, DANIEL	
STREET ADDRESS	633 9TH ST. NO,	
CITY-ST-ZIP	NAPLES FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM HARRY C	
STREET ADDRESS	633 9TH ST. NO.	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNNINGHAM DANIEL D		
STREET ADDRESS	8006 WATERMANK DRIVE EAST		
CITY-ST-ZIP	INVERNESS FL 34450		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNNINGHAM HARRY M		
STREET ADDRESS	9061 S.W. 190TH AVENUE ROAD		
CITY-ST-ZIP	DUNNELLON FL 34432		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: HARRY M. CUNNINGHAM

PRES. 06/27/2000