

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90047 030 \*\*\*150.00

**DOCUMENT # 667651**

1. Entity Name

**FLORIDA FLOOD INSURANCE AGENCY, INC.**

667651



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

106 W 6TH AV  
O. DRAWER 1040  
WINDERMERE FL 34786106 W 6TH AV  
P. O. DRAWER 1040  
WINDERMERE FL 34786-1040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**58-1396030**

Applied For

Not Applicable

Zip

Country

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

**MCGRATH JR, LESLIE H  
306 MAGNOLIA STREET  
WINDERMERE FL 32786**

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 | NAME                   | STREET ADDRESS   | CITY-ST-ZIP                | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------------|------------------|----------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| P     | MCGRATH, LESLIE H., JR | 306 MAGNOLIA ST. | WINDERMERE FL              | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| DV    | FERGUSON, FRANK B      | 115 DESTINY COVE | ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                  |                            | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                  |                            | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                  |                            | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                  |                            | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                  |                            | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

3/9/2000 407/876-444-

Date

Daytime Phone #

CR2E034 (9/99)