

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704161

1. Entity Name

ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I

FILED

Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 033 ****61.25

Principal Place of Business

1430 SW ST LUCIE WEST BLVD
#4
PORT SAINT LUCIE FL 34986

Mailing Address

1430 SW ST LUCIE WEST BLVD
#4
PORT SAINT LUCIE FL 34986-2110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1389935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ENNS, EDWARD G.
601 CITRUS AVENUE
FT. PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLBUR, JR D G
STREET ADDRESS 2716 S US 1
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE STD
NAME RISE, ANN R.
STREET ADDRESS 1430 SW ST LUCIE WEST BLVD #4
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE D
NAME ENNS, EDWARD G
STREET ADDRESS 601 CITRUS AVE
CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

TITLE D
NAME DRISCOLL, MIKE
STREET ADDRESS 2222 COLONIAL RD
CITY-ST-ZIP FT PIERCE FL 34948 ☐ Delete

TITLE VPD
NAME YATES, DON
STREET ADDRESS 780 W MIDWAY RD
CITY-ST-ZIP FT PIERCE FL 34979 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME DON YATES
STREET ADDRESS 780 W MIDWAY ROAD
CITY-ST-ZIP FT PIERCE, FL 34979 ☒ Change ☐ Addition

TITLE VPD
NAME EDWARD G ENNS
STREET ADDRESS 601 CITRUS AVENUE
CITY-ST-ZIP FT. PIERCE, FL 34950 ☒ Change ☐ Addition

TITLE D
NAME D G WILBUR, JR.
STREET ADDRESS 2716 S US 1
CITY-ST-ZIP FT PIERCE, FL 34982 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANN R. RISE

7-20-00

561-878-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #