

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # 704161**

1. Entity Name

**ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I** ✓

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**



DO NOT WRITE IN THIS SPACE

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**

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	<input type="checkbox"/> Delete
NAME	WILBUR, JR D G	
STREET ADDRESS	2716 S US 1	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RISE, ANN R.	
STREET ADDRESS	1430 SW ST LUCIE WEST BLVD #4	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENNS, EDWARD G	
STREET ADDRESS	601 CITRUS AVE	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, MIKE	
STREET ADDRESS	2222 COLONIAL RD	
CITY-ST-ZIP	FT PIERCE FL 34948	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YATES, DON	
STREET ADDRESS	780 W MIDWAY RD	
CITY-ST-ZIP	FT PIERCE FL 34979	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON YATES	
STREET ADDRESS	780 W MIDWAY ROAD	
CITY-ST-ZIP	FT PIERCE, FL 34979	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD G ENNS	
STREET ADDRESS	601 CITRUS AVENUE	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D G WILBUR, JR.	
STREET ADDRESS	2716 S US 1	
CITY-ST-ZIP	FT PIERCE, FL 34982	
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		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

561-878-9222

Date

Daytime Phone #