

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 020 ****61.25



DOCUMENT # 704161
 1. Entity Name
 St. Lucie County Independent Insurance Agents, Inc.

Principal Place of Business	Mailing Address
1430 SW St Lucie West Blvd #4 Port ST Lucie, FL 34986	1430 SW St LUCie West. Blvd #4 Port ST Lucie, FL 34986

979480

2. Principal Place of Business	3. Mailing Address
8403 S. Indian River Drive Suite, Apt. #, etc.	8403 S. Indian River DRIVE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft Pierce, FL	City & State Ft Pierce, FL	4. FEI Number 59-1389935	Applied For <input type="checkbox"/> Not Applicable
Zip 34982	Country St Lucie	Zip 34982	Country St Lucie
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Enns, Edward G. 601 Citrus Avenue Ft. Pierce, FL 34950	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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW. FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD Willbur, JR D.G. 2716 S US #1 Ft Pierce, FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME PD Fines, Susan M. 1250 SE Pt St Lucie Blvd Pt ST Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD Rise, Ann R. 8403 S. Indian River Drive Ft Pierce, FL 34982	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD Yates, Don 780 W Midway Rd Ft Pierce, FL 34979	<input checked="" type="checkbox"/> Delete	TITLE NAME VPD Howard, Rudy 8487 S US Hwy #1 Pt ST Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Driscoll, Mike 2222 Colonial Road Ft Pierce, FL 34948	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Enns, Edward G 601 Citrus Avenue Ft Pierce, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME D Willbur, Jr. D.G. 2716 S US #1 Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (11/00)

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 ANN R. Rise 9-11-01 561-429-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #