

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718019

1. Entity Name

POLK ASSOCIATION OF INSURANCE AGENTS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90064 036 ****61.25

Principal Place of Business

Mailing Address

1500 6TH STREET NW
WINTER HAVEN FL 33881
US

1500 6TH STREET NW
WINTER HAVEN FL 33881-2368
US

2. Principal Place of Business

260 AVE A SW

3. Mailing Address

260 AVE A SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

POIK

Zip

33880

Country

POIK

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

GREEN, JIM
1500 6TH STREET NW
WINTER HAVEN FL 33881

Name

Wayne Littlejohn

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

260 AVE A SW

Winter HAVEN

City

FL

Zip Code

33880

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GREEN, JIM
1500 6TH ST NW
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLINGSWORTH, DENNIS
311 S. TENNESSEE AVE.
LAKE LAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARK D. LITTLEJOHN
1115 U.S. 98 SOUTH
LAKE LAND, FL 33802 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUSH, LYNDAL
208 EAST PARK ST
AUBURNDALE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOB BRANDENBERRY
DIRECTOR
1617 GARY ROAD E
LAKE LAND, FL 33801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, BILL
100 SO. KENTUCKY AVE.
LAKE LAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
KEVIN MULLING
208 E PARK ST
AUBURNDALE, FL 33823 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLACKWELDER, LARRY
1330 HAVENDALE BLVD
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LITTLEJOHN, WAYNE
260 AVE A SW
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)