

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718019

1. Entity Name  
POLK ASSOCIATION OF INSURANCE AGENTS, INC.

Principal Place of Business

260 AVE A SW  
WINTER HAVEN FL 33880  
US

Mailing Address

260 AVE A SW  
WINTER HAVEN FL 33880  
US

2. Principal Place of Business

1129 US Hwy 98 S

Suite, Apt. #, etc.

City & State  
Lakeland, FL

Zip  
33802

Country  
Poik

3. Mailing Address

P.O. Box 468

Suite, Apt. #, etc.

City & State  
Lakeland, FL

Zip  
33802

Country  
Poik

FILED

01 DEC 10 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

05/15/01 90154 046 061.25

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

LITTLEJOHN, WAYNE  
260 AVE A SW  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name: Bob Brandeberry  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Lanier EPSHOW Inc  
1129 US Hwy 98 South  
City: Lakeland, FL Zip Code: 33802

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 Bob Brandeberry, President

Bob Brandeberry 4/30/01

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

TITLE D  
NAME LITTLEJOHN, MARK D ☒ Delete  
STREET ADDRESS 1115 US 98 SOUTH  
CITY-ST-ZIP LAKELAND FL 33802

TITLE D  
NAME BRANDEBERRY, BOB ☐ Delete  
STREET ADDRESS 1617 GARY RD EAST  
CITY-ST-ZIP LAKELAND FL 33801

TITLE D  
NAME MULLING, KEVIN ☐ Delete  
STREET ADDRESS 208 E PARK ST  
CITY-ST-ZIP AUBURNDAL FL 33823

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Bob Brandeberry, President

Bob Brandeberry 4/30/01