

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768830

1. Entity Name

INDEPENDENT INSURANCE AGENTS OF TALLAHASSEE, INC

Principal Place of Business

1401 MACLAY COMMERCE DRIVE
TALLAHASSEE FL 32312-3908
US

Mailing Address

1401 MACLAY COMMERCE DRIVE
TALLAHASSEE FL 32312-3908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2357439

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

MCRAE, HERBERT W.
1401 MACLAY COMMERCE DRIVE
TALLAHASSEE FL 32312-3908

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PP
HUNT, DICK
2324 CENTERVILLE RD
TALLAHASSEE FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINDA DUMOND
240 N. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST PE
MESSER, WILL
1117 THOMASVILLE RD
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PE P
NEWELL, DAVID
1602 W PLAZA DRIVE
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P PP
FRANKLIN, PAUL
825 THOMASVILLE RD
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ST
JAY, SCOTT
3375 N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAUGHN, KEVIN
1348 TIMBERLANE RD
TALLAHASSEE FL 32312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOANNE SMALL
1348 TIMBERLANE RD.
TALLAHASSEE, FL 32312 ☐ 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 #

1/4/2001 850-906-0078

CR2E037 (10/00)