

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90392 004 ***150.00

0623662 AT

DOCUMENT # 854362

1. Entity Name
COORDINATED INSURANCE CENTER, INC.

Principal Place of Business Mailing Address
1250 W BROADWAY 1250 W BROADWAY
PRINCETON IN 47670-1138 PRINCETON IN 47670-1138

634147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **35-1536340** Applied For Not Applicable

Zip Country Zip Country 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

CRIBB, JAMES CARTER
2788 PACES FERRY RD. SO.
ORANGE PARK FL 32073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | DVP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREWS, BETH A | NAME | |
| STREET ADDRESS | 916 E. CYNTHIA TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | GOODLETTSVILLE TN | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRIBB, JAMES C. | NAME | |
| STREET ADDRESS | 2788 PACES FERRY ROAD SO | STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | CITY-ST-ZIP | |
| TITLE | PSTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREWS, DAVID S | NAME | |
| STREET ADDRESS | 916 E. CYNTHIA TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | GOODLETTSVILLE TN | CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRECELIUS, ROBERT A JR | NAME | |
| STREET ADDRESS | 850 A1A BCH BLVD 79 | STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Crecelius*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 **812**
385-8863
 Date Daytime Phone #

CR2E034 (9/01)