

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002435

1. Entity Name

HOMEPLUS INSURANCE AGENCY, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90157 046 \*\*\*150.00

Principal Place of Business      Mailing Address  
400 ROBERT STREET NORTH      400 ROBERT STREET NORTH  
ST PAUL MN 55101      ST PAUL MN 55101-2015  
US      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      41-1741986

Applied For  
Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUGALSKI, MARK  
398 W. CAMINO GARDENS BLVD.  
BOCA RATON FL 33432-5827

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FITZPATRICK, FRANK D	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						
T	LEPLAVY, DAVE	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						
S	OSTLIE, STEVE	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						
D	ANDERSON, PAUL	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						
C	BRUDER, JOHN	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						
D	FITZPATRICK, FRANK	400 ROBERT STREET NORTH	ST PAUL MN	<input type="checkbox"/>						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

651-665-3764

Daytime Phone #

CR2E034 (9/99)