

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002244

1. Entity Name

FIRST INSURANCE AGENCY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90051 043 ***150.00

Principal Place of Business

Mailing Address

PO BOX 660237
DALLAS TX 75266-0237

PO BOX 660237
DALLAS TX 75266-0237

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

61-0602178

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BELLOWS, TIMOTHY W	
STREET ADDRESS	1000 OXFORDSHIRE DR.	
CITY-ST-ZIP	CARROLLTON TX 75007	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MISNER, DONALD R JR	
STREET ADDRESS	2412 EMERALD CIR.	
CITY-ST-ZIP	SOUTHLAKE TX 76092	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENTRAU, MICHAEL C	
STREET ADDRESS	2100 REFLECTION BAY DR.	
CITY-ST-ZIP	ARLINGTON TX 76013	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HUGHES, JOHN F	
STREET ADDRESS	250 CARPENTER FRWY.	
CITY-ST-ZIP	IRVING TX 75062-2729	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	GREENE, PATRICK J	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LISKOW, FREDERIC C	
STREET ADDRESS	250 CARPENTER FRWY.	
CITY-ST-ZIP	IRVING TX 75062-2729	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATUL VOHRA	
STREET ADDRESS	250 CARPENTER FRWY.	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A. BROOK	
STREET ADDRESS	250 CARPENTER FRWY.	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK J. MORRISON	
STREET ADDRESS	250 CARPENTER FRWY.	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GREENE
ASS'T VICE PRESIDENT
ASS'T SECRETARY

Date

Daytime Phone #

3/1/00 (972) 652-6277

CR2E034 (9/99)