

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004698

1. Entity Name

STAPLES INSURANCE AGENCY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90052 001 ***600.00

Principal Place of Business

Mailing Address

500 STAPLES DRIVE
FRAMINGHAM MA 01702

500 STAPLES DRIVE
FRAMINGHAM MA 01702-4478

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

04-3391859

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVITAN, JEFFREY L	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN WOERKOM, JACK	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, JOHN J	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABOTIN, JOSEPH J	
STREET ADDRESS	1814 COLONIAL DR.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HICKEY, PATRICK A	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

William Swanson

4-13-2000

Date

508 253 5000

Daytime Phone #

CR2E034 (9/99)