

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97707

1. Entity Name

THE JAMES D. MACKEY INSURANCE AGENCY, INC.

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

04-03-2000 90126 037 \*\*\*150.00

Principal Place of Business

1399 SHORELINE DR  
PALM CITY FL 34990  
US

Mailing Address

PO BOX 1005  
PALM CITY FL 34991-1005  
US

2. Principal Place of Business

1025 SW Martin Downs Blvd.

Suite, Apt. #, etc.

Suite 205

City & State  
Palm City, FL 34990

Zip  
34990

Country  
USA

3. Mailing Address

1025 SW Martin Downs Blvd.

Suite, Apt. #, etc.

205

City & State  
Palm City, FL 34990

Zip  
34990

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2242052

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

MACKEY, JAMES D  
1399 SHORELINE DR  
PALM CITY FL 34990

Name  
JACK C. SCHULER

Street Address (P.O. Box Number is Not Acceptable)  
1025 SW Martin Downs Blvd.

Suite 205

City  
Palm City, FL Zip Code  
34990

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 Jack C. Schuler, President

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	<del>PD</del> MACKEY, JAMES D 1349 SHORELINE DR PALM CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DODGE, JOHN B 12786 MARINER COURT PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKEY, JOHN D. 2400 S. FEDERAL HWY. STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> SCHULER, JACK C. 12786 MARINER COURT PALM CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULER, JACK C. 1025 SW Martin Downs Blvd. Suite 205 Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)