

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # F97707**

1. Entity Name

**THE JAMES D. MACKEY INSURANCE AGENCY, INC.**

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

**MACKEY, JAMES D**  
**1399 SHORELINE DR**  
**PALM CITY FL 34990**

7. Name and Address of New Registered Agent

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

TITLE ~~PD~~  Delete  
 NAME **MACKEY, JAMES D**  
 STREET ADDRESS **1349 SHORELINE DR**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE **VD**  Delete  
 NAME **DODGE, JOHN B**  
 STREET ADDRESS **12786 MARINER COURT**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE **STD**  Delete  
 NAME **MCKEY, JOHN D.**  
 STREET ADDRESS **2400 S. FEDERAL HWY.**  
 CITY-ST-ZIP **STUART FL**

TITLE ~~VD~~  Delete  
 NAME **SCHULER, JACK C.**  
 STREET ADDRESS **12786 MARINER COURT**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
 NAME **SCHULER, JACK C.**  
 STREET ADDRESS **1025 SW Martin Downs Blvd. Suite 205**  
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)