

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003702

1. Entity Name

GLENLAKE INSURANCE AGENCY, INC. OF KENTUCKY

Principal Place of Business

55 GLENLAKE PKWY NE  
ATLANTA GA 30328  
US

Mailing Address

55 GLENLAKE PKWY NE  
ATLANTA GA 30328  
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 58-2430849

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, 2001 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  
NAME HITCHCOX, WILLIAM C  
STREET ADDRESS 570 VALLEY HALL DR.  
CITY-ST-ZIP ATLANTA GA 30350 ☒ Delete

TITLE D, P  
NAME Michael D. Plourde  
STREET ADDRESS 55 Glenlake Parkway NE  
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE D  
NAME BERNABUCCI, ROBERT J  
STREET ADDRESS 625 KENSINGTON FARMS DR.  
CITY-ST-ZIP ALPHARETTA GA 30004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME CHRITTON, PHILLIP W  
STREET ADDRESS 55 GLENLAKE PKWY NE  
CITY-ST-ZIP ATLANTA GA 30328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME PLOURDE, MICHAEL D  
STREET ADDRESS 55 GLENLAKE PKWY NE  
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME BRYANT, MICHAEL G  
STREET ADDRESS 55 GLENLAKE PKWY NE  
CITY-ST-ZIP ATLANTA GA 30328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ASAT  
NAME AGRESTA, MAURICE M  
STREET ADDRESS 10265 BRIER MILL CT.  
CITY-ST-ZIP ALPHARETTA GA 30022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

Eugene A. Pica

4-25-01 (404) 828-6093

Date

Daytime Phone #

CR2E034 (10/00)