

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21766

1. Entity Name

INSURANCE II, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90017 047 \*\*\*150.00

Principal Place of Business

Mailing Address

% DAVIS D. ROULEAU  
5001 CENTRAL AVE.  
ST. PETERSBURG FL 33710-4000

5001 CENTRAL AVENUE  
ST. PETERSBURG FL 33710-8240  
US

2. Principal Place of Business

3. Mailing Address

Mel Kaplani

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5001 CENTRAL AVE

City & State  
ST. PETERSBURG, FLA

City & State

Zip  
33710

Country  
Pinellas

Zip

Country

4. FEI Number 59-2260875

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

KAPLANI, MEL  
5001 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

Name  
medi Kaplani

Street Address (P.O. Box Number is Not Acceptable)

5001 CENTRAL

City ST. PETERSBURG FL Zip Code 33710

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 *X Mel Kaplani*

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  
PC  
KAPLANI, MEL  
5001 CENTRAL AVE.  
ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTS  
KAPLANI, BLANCHE  
5001 CENTRAL AVE.  
ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KAPLANI, MEDI  
5001 CENTRAL AVENUE  
ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

Daytime Phone #