

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30370

1. Entity Name

AMPHER INSURANCE, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90032 011 ***150.00

Principal Place of Business

Mailing Address

% JEFFREY LEGGETT
5391 NOB HILL ROAD
SUNRISE FL. 33351

% JEFFREY LEGGETT
5391 NOB HILL ROAD
SUNRISE FL. 33310-5727

2. Principal Place of Business

3. Mailing Address

5900 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Lauderdale, FL

Zip

Country

33309

USA

Zip

Country

4. FEI Number

59-2266078

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

LEGGETT, JEFFREY
5391 NOB HILL ROAD
SUNRISE FL 33351

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	LEGGETT, JEFFREY	
STREET ADDRESS	5391 NOB HILL ROAD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGGETT, JEFFREY	
STREET ADDRESS	5391 NOB HILL ROAD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES	
STREET ADDRESS	5391 NOB HILL RD	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurel L. Grammig	
STREET ADDRESS	401 E. Jackson St., Ste. 1700	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Hyatt Brown	
STREET ADDRESS	220 S. Ridgewood Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Riley	
STREET ADDRESS	5900 N. Andrews Ave., Ste. 300	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valorie Pellerin	
STREET ADDRESS	5900 N. Andrews Ave., Ste. 300	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Henderson	
STREET ADDRESS	220 S. Ridgewood Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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:

Laurel L. Grammig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

813-222-4277

Daytime Phone #

CR2E034 (9/99)