

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90113 037 ***150.00

C0040414

DOCUMENT # **G60552**
 1. Entity Name
HARRELL & Associates Insurance Agency, INC

Principal Place of Business Mailing Address
14181 BEACH Blvd #5 1043 SEABREEZE AVE
JACKSONVILLE, FL 32250 JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business 3. Mailing Address
14181 BEACH Blvd #5 1043 SEABREEZE AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
JACKSONVILLE, FL JACKSONVILLE BEACH
 City & State City & State

Zip Country Zip Country
32250 US 32250 US

DO NOT WRITE IN THIS SPACE

4. FEI Number **DATE INC. 9-21-83** Applied For
59-2329691 ☒ 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

HARRELL, T. CARL
1043 SEABREEZE AVE.
JACKSONVILLE BEACH, FL 32250

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HARRELL, T. CARL (263-62-3445)	1043 SEABREEZE AVE	JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/>
VP	HARRELL, JOAN R. (261-70-6691)	1043 SEABREEZE AVE	JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/>
	HARRELL, RANDAH D. (267-87-5162)	1043 SEABREEZE AVE	JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/>
	OSHMAN, LISA L. (267-87-5583)	1043 SEABREEZE AVE	JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **T. Carl Harrell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 904-241-3263
 Date Daytime Phone #

CR2E034 (9/99)