

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90004 002 \*\*\*150.00

**DOCUMENT # G63263**

1. Entity Name

**BATES INSURNACE AGENCY, INC.**

Principal Place of Business

**1501 RIDGEWOOD AVENUE  
 STE. #102  
 HOLLY HILL FL 32117-2200**

Mailing Address

**1501 RIDGEWOOD AVENUE  
 STE. #102  
 HOLLY HILL FL 32117-2200**

2. Principal Place of Business

**17 SEA RAVEN TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**17 SEA RAVEN TERRACE**

Suite, Apt. #, etc.

City & State

**ORMOND BEACH, FL**

Zip

**32176-2190**

Country

**VOLUSIA**

City & State

**ORMOND BEACH, FL**

Zip

**32176-2190**

Country

**VOLUSIA**

4. FEI Number

**59-2326980**

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

Name

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

**17 SEA RAVEN TERRACE**

City

**ORMOND BEACH**

FL

Zip Code

**32176-2190**

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 **ROBERT K. BATES**

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) **XX**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BATES, C. KENNETH 1501 RIDGEWOOD AVE., STE. #102 HOLLY HILL FL 32117-2200</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD BATES, ROBERT K. 1501 RIDGEWOOD AVE., STE. #102 HOLLY HILL FL 32117-2200</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BATES, DEBORAH L. 1501 RIDGEWOOD AVE., STE. #102 HOLLY HILL FL 32117-2200</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BATES, JUNE C. 1501 RIDGEWOOD AVE., STE. #102 HOLLY HILL FL 32117-2200</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176-2190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176-2190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176-2190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176-2190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERT K. BATES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**386-672-5299**

Daytime Phone #

CR2E034 (10/00)