

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72864

1. Entity Name

SUWANNEE INSURANCE AGENCY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90041 046 ***150.00

Principal Place of Business

Mailing Address

937 N. OHIO AVENUE
LIVE OAK FL 32060

937 N. OHIO AVENUE
LIVE OAK FL 32060-1858

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

59-2347242

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

~~COLLINS, STEVEN W., CPA~~
325 S. OHIO AVENUE
LIVE OAK FL 32060

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	☐ Delete
NAME	STEPHENS, CHARLES M.	
STREET ADDRESS	6817 CR 249	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PDC	☐ Delete
NAME	CANNON, WILLIAM T	
STREET ADDRESS	6823 C.R. 249	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SD	☐ Delete
NAME	STEPHENS, LISA M	
STREET ADDRESS	6817 CR 249	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	☐ Delete
NAME	CANNON, CHARLOTTE P	
STREET ADDRESS	6823 C.R. - 249	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles M. Stephens 3/28/00 904-364-1000

CR2E034 (9/99)