

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G79945**

1. Entity Name

FRIENDLY AUTO INSURANCE OF WINTER PARK, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90038 002 ***158.75

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| % LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751 | % LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751-3317 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|--|--|---------------------------------------|
| 4. FEI Number 59-2379626 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| REGISTER, LLOYD E. 1535 N. MAITLAND AVE. MAITLAND FL 32751 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGISTER, LLOYD E. III | NAME | |
| STREET ADDRESS | 1535 N. MAITLAND AVE. | STREET ADDRESS | |
| CITY- ST- ZIP | MAITLAND FL | CITY- ST- ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGISTER, LLOYD E IV | NAME | |
| STREET ADDRESS | 1535 N MAITLAND AVE | STREET ADDRESS | |
| CITY- ST- ZIP | MAITLAND FL 32751 | CITY- ST- ZIP | |
| TITLE | DST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACE, ERICK | NAME | |
| STREET ADDRESS | 1535 N MAITLAND AVE | STREET ADDRESS | |
| CITY- ST- ZIP | MAITLAND FL | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |

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* **SIGNATURE REQUIRED** 4/10/00 407 260 2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)