

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H15939**1. Entity Name  
**JOHN T. FERREIRA INSURANCE, INC.**Principal Place of Business  
500 CENTRE ST  
FERNANDINA BEACH FL 32034Mailing Address  
500 CENTRE ST  
FERNANDINA BEACH FL 320342. Principal Place of Business  
500 CENTRE STREET3. Mailing Address  
500 CENTRE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FERNANDINA BEACH FLCity & State  
FERNANDINA BEACH FL4. FEI Number  
**59-2410863**Applied For  
Not ApplicableZip Country  
32034Zip Country  
320345. 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****HARDEN, M.C. III**  
**806 RIVERSIDE AVENUE****JACKSONVILLE** FL  
**32204**

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 \_\_\_\_\_ **04/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 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 VP ☒ Delete  
NAME MEADOWS TIM  
STREET ADDRESS 500 CENTRE STREET  
CITY-ST-ZIP FERNANDINA BEACH FL 32034TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME HUGHES ANGIE  
STREET ADDRESS 806 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FLTITLE S ☒ Change ☐ Addition  
NAME FLYNN MARY E  
STREET ADDRESS 806 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE TD ☐ Delete  
NAME LUNETTA PAUL J.  
STREET ADDRESS 806 RIVERSIDE AVE.  
CITY-ST-ZIP JACKSONVILLE FLTITLE DT ☒ Change ☐ Addition  
NAME LUNETTA PAUL J  
STREET ADDRESS 806 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE DC ☐ Delete  
NAME HARDEN, M. C., III  
STREET ADDRESS 806 RIVERSIDE AVE.  
CITY-ST-ZIP JACKSONVILLE FLTITLE DC ☒ Change ☐ Addition  
NAME HARDEN M CIII  
STREET ADDRESS 806 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE D ☐ Delete  
NAME FERREIRA, ROBERT P.  
STREET ADDRESS 500 CENTRE ST  
CITY-ST-ZIP FERNANDINA BEACH FLTITLE D ☒ Change ☐ Addition  
NAME FERREIRA ROBERT P  
STREET ADDRESS 500 CENTRE STREET  
CITY-ST-ZIP FERNANDINA BEACH FL 32034TITLE PD ☐ Delete  
NAME FERREIRA, ROBERT S.  
STREET ADDRESS 500 CENTRE ST  
CITY-ST-ZIP FERNANDINA BEACH FLTITLE DP ☒ Change ☐ Addition  
NAME FERREIRA ROBERT S  
STREET ADDRESS 500 CENTRE STREET  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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:** Mary E. Flynn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S 04/16/2001

Date

Daytime Phone #

CR2E034 (11/00)