## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # H36456** May 13, 2000 8:00 am 1. Entity Name Secretary of State VAUGHN INSURANCE AGENCY, INC. 05-13-2000 90033 043 \*\*\*150.00 Principal Place of Business Mailing Address 1348 TIMBERLANE RD. 1348 TIMBERLANE RD. P.O.BOX 12759 P.O.BOX 12759 TALLAHASSEE FL 32317-2759 TALLAHASSEE FL 32317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2472717 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAUGHN, ROD 1348 TIMBERLANE RD. TALLAHASSEE FL 32312 8. The above named entity submits this statement for the purpose of changing its redistered office or registered agent, or both, in the State of Florida. en reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition DP TITLE ☐ Delete TITLE nairman NAME VAUGHN, ROD MAME STREET ADDRESS STREET ADDRESS 1348 TIMBERLANE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VAUGHN, VIRGINIA STREET ADDRESS STREET ADDRESS 1348 TIMBERLANE RD. City-ST-7tP CITY-ST-ZIP tallahassee fl Presiden ☐ Addition ☐ Delete TITLE TITLE DVP NAME VAUGHN, KEVIN STREET ADDRESS STREET ADDRESS 1348 TIMBERLANE RD. CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 10,5 CITY-\$T-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empower