

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57459

1. Entity Name

RUBICON INSURANCE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 021 ***150.00

Principal Place of Business

Mailing Address

2731 NW 41ST ST
STE B-1
GAINESVILLE FL 32606-7431
US

PO BOX 14318
GAINESVILLE FL 32604-2318

2. Principal Place of Business

1820 NE 2nd Street

3. Mailing Address

PO Box 5398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville, Flc.

Zip

32601

Country

USA

Zip

32627

Country

USA

4. FEI Number

59-2520087

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

SIRMANS, JAMES R., JR.
2731 NW 41ST ST. B-1
GAINESVILLE FL 32606

Name

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

1820 NE 2nd Street

City

Gainesville

FL

Zip Code

32601

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

4/1/2000

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 DP ☐ Delete
NAME SIRMANS, JAMES R., JR.
STREET ADDRESS 2731 NW 41ST ST, B-1
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 1820 NE 2nd Street
CITY-ST-ZIP Gainesville FL 32601

TITLE VP ☐ Delete
NAME KISER, CAROL D
STREET ADDRESS 22610 NE 69TH AVE
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4/1/2000

352 8770471

CR2E034 (9/99)