

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91994

1. Entity Name

CFA INSURANCE AGENCY, INC.

Principal Place of Business

% STEPHEN P. CONWAY
902 CLINT MOORE RD., STE 220
BOCA RATON FL 33487
US

Mailing Address

% STEPHEN P. CONWAY
902 CLINT MOORE RD., STE 220
BOCA RATON FL 33487-2846
US

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

65-0005544

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

CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 220
BOCA RATON FL 33487

Name

David N. Bottoms Jr.

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

902 Clint Moore Rd Suite 220

City

Boca Raton

FL

Zip Code

33487-2846

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)

4/13/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
CONWAY, STEPHEN P.
902 CLINT MOORE ROAD, SUITE 220
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOTTOMS, DAVID N JR.
902 CLINT MOORE RD. SUITE 220
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90120 007 ***150.00

943434



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)