

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90096 032 \*\*\*150.00

**DOCUMENT # K23794**

1. Entity Name  
**MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.**

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2164 CALLE DE CASTELAR**  
**NAVARRE FL 32566**  
**US**

Mailing Address  
**P O BOX 1418**  
**P.O. DRAWER 1418**  
**FT WALTON BEACH FL 32549-1418**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., or Box

Suite, Apt., or Box

City & State

City & State

4. FEI Number **59-2888894**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**STRUZINSKI, LURA L**  
**115 FULLMER CIRCLE**  
**FT WALTON BEACH FL 32548**

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 \_\_\_\_\_ (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. (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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROOD, RUSSELL E JR</b> <b>2164 CALLE DE CASTELAR</b> <b>NAVARRE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>ROOD, CAMILLE</b> <b>2164 CALLE DE CASTELAR</b> <b>NAVARRE FL 32566</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: B. E. Rood, Pres/DIR. Date: 1-14-00 Daytime Phone #: 243 1999

CR 1E034 19/99