

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57538

1. Entity Name

THE INSURANCE CENTER, INC.

FILED

00 JAN 24 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 NORTH MISSOURI AVENUE
SUITE 2
CLEARWATER FL 33755
US

101 NORTH MISSOURI AVENUE
SUITE 2
CLEARWATER FL 33755-4832
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0100615

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

MCVEIGH, PAMELA
325 N FEDERAL HWY
BOYNTON BCH FL 33435

Name

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

101 N Missouri Ave Suite 2

City Clearwater

FL

Zip Code 33755

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

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 P
NAME NAUGHTON, JOHN J
STREET ADDRESS 101 NORTH MISSOURI AVENUE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

50000312375-0-01
-02/04/00--01028--001
****150.00 ****150.00

TITLE VPS
NAME MCVEIGH, PAMELA M.
STREET ADDRESS 325 N FEDERAL HWY
CITY-ST-ZIP BOYNTON BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

101 N Missouri Ave Ste 2
Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WILLIAM G CALLAGHAN
4605 S. TAMiami TRAIL
Sarasota FL 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Daniel J. McNamara
101 N Missouri Ave Ste 2
Clearwater FL 33755 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Patrick J. FOLEY
101 N Missouri Ave Ste 2
Clearwater FL 33755 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Stephen J. MILLER
101 N Missouri Ave Ste 2
Clearwater, FL 33755 ☐ 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:

Brandon McVeigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (727) 462-8086 KE
Date Daytime Phone #

CR2E034 (9/99)