

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # K57538**1. Entity Name
THE INSURANCE CENTER, INC.Principal Place of Business
101 NORTH MISSOURI AVENUE
SUITE 2
CLEARWATER FL 33755
USMailing Address
101 NORTH MISSOURI AVENUE
SUITE 2
CLEARWATER FL 33755
US2. Principal Place of Business
2519 MCMULLEN BOOTH ROAD
Suite, Apt. #, etc.
SUITE 5083. Mailing Address
2519 MCMULLEN BOOTH ROAD
Suite, Apt. #, etc.
SUITE 508City & State
CLEARWATER FLCity & State
CLEARWATER FLZip
33761
Country
USZip
33761
Country
US4. FEI Number
65-0100615
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MCVEIGH PAMELA**
101 NORTH MISSOURI AVENUE
SUITE 2
CLEARWATER FL 33755
US**7. Name and Address of New Registered Agent**Name
MCVEIGH PAMELA
Street Address (P.O. Box Number is Not Acceptable)
2519 MCMULLEN BOOTH ROAD
SUITE 508
City
CLEARWATER FL Zip Code
33761

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 _____ **02/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME MILLER STEPHEN J		
STREET ADDRESS 101 NORTH MISSOURI AVENUE STE 2		
CITY-ST-ZIP CLEARWATER FL 33755		
NAME FOLEY PATRICK J		
STREET ADDRESS 101 NORTH MISSOURI AVENUE STE 2		
CITY-ST-ZIP CLEARWATER FL 33755		
NAME MCNAMARA DANIEL J		
STREET ADDRESS 101 NORTH MISSOURI AVENUE STE 2		
CITY-ST-ZIP CLEARWATER FL 33755		
NAME CALLAGHAN WILLIAM G		
STREET ADDRESS 4605 S. TAMiami TRAIL		
CITY-ST-ZIP SARASOTA FL 34231		
NAME MCVEIGH, PAMELA M.		
STREET ADDRESS 101 NORTH MISSOURI AVENUE STE 2		
CITY-ST-ZIP CLEARWATER FL 33755		
NAME NAUGHTON JOHN J		
STREET ADDRESS 101 NORTH MISSOURI AVENUE		
CITY-ST-ZIP CLEARWATER FL 33755		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MILLER STEPHEN J			
STREET ADDRESS 4605 S. TAMiami TRAIL			
CITY-ST-ZIP SARASOTA FL 34231			
NAME FOLEY PATRICK J			
STREET ADDRESS 4605 S. TAMiami TRAIL			
CITY-ST-ZIP SARASOTA FL 34231			
NAME MCNAMARA DANIEL J			
STREET ADDRESS 4605 S. TAMiami TRAIL			
CITY-ST-ZIP SARASOTA FL 34231			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME MCVEIGH, PAMELA M.			
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD SUITE 508			
CITY-ST-ZIP CLEARWATER FL 33761			
NAME NAUGHTON JOHN J			
STREET ADDRESS 4605 S. TAMiami TRAIL			
CITY-ST-ZIP SARASOTA FL 34231			

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: Pamela M. McVeigh

VPS 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)