

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90143 025 ***400.00
07-21-2003 90128 015 ***150.00

DOCUMENT # K57538

1. Entity Name
THE INSURANCE CENTER, INC.



Principal Place of Business
**5201 PARK BLVD.
PINELLAS PARK FL 33781
US**

Mailing Address
**5201 PARK BOULEVARD
PINELLAS PARK FL 33781
US**

10110673

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0100615**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER FL 33756**

Name

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

City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	VANDERPUTTEN, LEROY A	
STREET ADDRESS	4805 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MCVEIGH, PAMELA M	
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD SUITE 508	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALLAGHAN, WILLIAM G	
STREET ADDRESS	4805 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMAMARA, DANIEL J	
STREET ADDRESS	4805 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, PATRICK J	
STREET ADDRESS	4805 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, STEPHEN J	
STREET ADDRESS	4805 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARK KAPLAN CPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK KAPLAN	
STREET ADDRESS	5201 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK KAPLAN, CONTROLLER 7/10/03 813 731-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)