

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K59108**

1. Entity Name

CROSSROADS INSURANCE AGENCY, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90103 002 ***150.00

Principal Place of Business
16423 ML KING BLVD
PO BOX 1390
ALACHUA FL 32615
US

Mailing Address
4020 US 441 NORTH
PO BOX 1390
ALACHUA FL 32616-1390
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 **59-2932307**Applied For
Not Applicable5. 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****JONES, JOHN H.**
1230 SOUTH MAIN STREET
GAINESVILLE FL 32601

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)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 State10. 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	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENEY, MALCOLM S.		NAME		
STREET ADDRESS	18152 SW 111TH ST		STREET ADDRESS		
CITY-ST-ZIP	BROOKER FL		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENEY, CYNTHIA D.		NAME		
STREET ADDRESS	18152 SW 111TH ST		STREET ADDRESS		
CITY-ST-ZIP	BROOKER FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENEY, MALCOLM S.		NAME		
STREET ADDRESS	18152 SW 111TH ST		STREET ADDRESS		
CITY-ST-ZIP	BROOKER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)