

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73237

1. Entity Name

FIRST COLONIAL AGENCY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90075 005 ***150.00

Principal Place of Business

1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224-6688
US

Mailing Address

1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224-6687
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

59-2963411

Applied For

Not Applicable

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 **Correction**

VERLANDER, CHRISTOPHER A.
76 SOUTH LAURA STREET
JACKSONVILLE FL 32202

Name

State Insurance Commissioner

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

Capitol Building

City

Tallahassee

FL

Zip Code
32304

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 NAME STREET ADDRESS CITY - ST - ZIP	CDP O'NEAL, DOUGLAS T 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 32224-6688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VERLANDER, CHRISTOPHER 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 32224-6688	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MOREHEAD, C. RICHARD 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 32224-6688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, WILLIAM J 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 32224-6688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAHIN, ELIZABETH A 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 32224-6688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
John K. Anderson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

(904) 992-1776

Date

Daytime Phone #

CR2E034 (9/99)