

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94016

1. Entity Name

WITTNER INSURANCE NETWORK, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90323 045 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O TED P WITTNER  
5999 CENTRAL AVENUE, SUITE 400  
ST. PETERSBURG FL 33710

P.O. BOX 11629  
5999 CENTRAL AVENUE, SUITE 400  
ST. PETERSBURG FL 33733-1629  
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

59-2950669

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

WITTNER, TED P  
5999 CENTRAL AVENUE, SUITE 400  
ST. PETERSBURG FL 33710

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

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 WITTNER, JEAN GILES  
STREET ADDRESS 5999 CENTRAL AVENUE #400  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE PS  
NAME WITTNER, JEAN GILES ☒ Change ☐ Addition  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL

TITLE DC  
NAME WITTNER, TED P.  
STREET ADDRESS 5999 CENTRAL AVENUE #400  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE M  
NAME CAMIZZARO, THOMAS J ☐ Change ☒ Addition  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL

TITLE STV  
NAME WOODARD, KATHRYN A  
STREET ADDRESS 5999 CENTRAL AVE S-400  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE TV  
NAME WOODARD, KATHRYN A ☒ Change ☐ Addition  
STREET ADDRESS 5999 CENTRAL AVE #400  
CITY-ST-ZIP ST PETERSBURG FL

TITLE V  
NAME LANDSMAN, DEAN ☒ Delete  
STREET ADDRESS 5999 CENTRAL AVE # 400  
CITY-ST-ZIP ST PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

KATHRYN A WOODARD  
KATHRYN A WOODARD

7/27/00 727-384-3000

Date

Daytime Phone #

CR2E034 (9/99)