

2001 UNIFORM BUSINESS REPORT (UBR)

0006135 AF

DOCUMENT # L00000000887

1. Entity Name

INDEPENDENT INSURANCE AGENTS CAPTIVE, LLC

FILED

01 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1901 LEE ROAD
WINTER PARK FL 32789

Mailing Address

1901 LEE ROAD
WINTER PARK FL 32789

2. Principal Place of Business

1020 N Orlando Ave

Suite, Apt. #, etc.

Suite 200

City & State

MAITLAND FL

Zip

32751

Country Orange

3. Mailing Address

1020 N Orlando Ave

Suite, Apt. #, etc.

Suite 200

City & State

MAITLAND FL

Zip

32751

Country Orange

4. FEI Number

59-3684215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E ESQ.

201 E. PINE ST., STE. 1200

ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME BREEN, JAMES
STREET ADDRESS 465 CHICKEE COURT
CITY-ST-ZIP LAKE MARY FL 32746

TITLE MGR ☐ Delete
NAME JAMES, TERRY
STREET ADDRESS 1831 S. SUMMERLIN AVE.
CITY-ST-ZIP ORLANDO FL 32806

TITLE MGR ☐ Delete
NAME SIBLEY, B. CRAIG
STREET ADDRESS 2521 DELORAIN TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 700004084
STREET ADDRESS -04/27/01--01031--011
CITY-ST-ZIP *****50.00 *****50.00

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JAMES BREEN

4-17-01

407 647 1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)