

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004926

1. Entity Name

HUCKLEBERRY, SIBLEY & HARVEY COMMERCIAL INSURANCE

Principal Place of Business

5005 N. WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

5005 N. WICKHAM ROAD
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

1020 N. Orlando Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

MAIRLAND FL

Zip

Country

Zip

32751

Country

Orange

4. FEI Number

59-3643637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELE, SCOTT M

5005 N. WICKHAM ROAD

MELBOURNE FL 32940

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

10. ADDITIONS/CHANGES

TITLE P
NAME Scott M Steele ☐ Delete
STREET ADDRESS 430 Seabreeze Drive
CITY-ST-ZIP Indiatlantic FL 32903

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

TITLE VP
NAME Bill Hoffman, Sr. ☐ Delete
STREET ADDRESS PO Box 033475
CITY-ST-ZIP Indiatlantic FL 32903

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

TITLE T
NAME James H Breen ☐ Delete
STREET ADDRESS 465 Chickee Court
CITY-ST-ZIP Lake Mary FL 32746

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

TITLE S
NAME James H Breen ☐ Delete
STREET ADDRESS 465 Chickee Court
CITY-ST-ZIP Lake Mary FL 32746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

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

Scott M Steele

4-17-01

Date

407-647-1614

Daytime Phone #

FILED

01 MAY 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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*****50.00 ☐ ~~30.00~~ Addition