

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000015877**1. Entity Name
HERNDON & ASSOCIATES INSURANCE, LLCPrincipal Place of Business
91 LAKE MORTON DRIVE
LAKELAND FL 33801
Mailing Address
91 LAKE MORTON DRIVE
LAKELAND FL 338012. Principal Place of Business
Suite, Apt. #, etc.
City & State
LAKELAND FL3. Mailing Address
BOX 3608
Suite, Apt. #, etc.
City & State
LAKELAND FL4. FEI Number
59-1994337
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOODWIN JAMES W
400 NORTH TAMPA STREET
SUITE 2300
TAMPA FL 33602 US**7. Name and Address of New Registered Agent**Name
PUGH DUANE F
Street Address (P.O. Box Number is Not Acceptable)
91 LAKE MORTON DR
City
LAKELAND FL Zip Code
33801

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 **DUANE F PUGH****02/13/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BODOLAY ROBERT JMEMBER 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDER MARC HMEMBER 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL ALFRED GMEMBER 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSH JOHN RMEMBER 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSH CATHERINE E 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH DUANE F 91 LAKE MORTON DR LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Duane F. Pugh**MGRM 02/13/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)