

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11244

1. Entity Name

JOAN ANDERSON INSURANCE, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90065 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1605 S. MISSOURI AVE  
STE 18  
CLEARWATER FL 33756  
US

P OBOX 6800  
P.O BOX 6800  
CLEARWATER FL 33758  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 S. Duncan Ave  
Suite, Apt. #, etc.  
Ste 299

PO Box 6637  
Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number 59-2969180

Applied For  
Not Applicable

Zip Country  
33755 USA

Zip Country  
33758 USA

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

ANDERSON, JOAN  
~~1605 S. MISSOURI AVENUE, SUITE 18~~ 300 S. Duncan Ave  
CLEARWATER FL ~~33756~~ Ste 299  
33755

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 PD  
NAME ANDERSON, JOAN A.  
STREET ADDRESS 2019 SAN MARINO WAY S  
CITY-ST-ZIP CLEARWATER, FL ~~33756~~ 33763 ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

JOAN ANDERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
Date

727/461-7167  
Daytime Phone #

CR2E034 (9/99)