

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47605

1. Entity Name

GARDNER & ASSOCIATES INSURANCE AGENCY, INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90061 013 ***158.75

Principal Place of Business

2807 NE 21 TERR

FT LAUDERDALE FL 33335

33306

Mailing Address

P.O. BOX 350426

FT LAUDERDALE FL 33302

US

33335

00083083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0171469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARDNER, RANDAL L.
 2807 NE 21 TERR
 FT LAUDERDALE FL 33306

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GARDNER, RANDAL L
 STREET ADDRESS 2807 NE 21 TERR
 CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

Date

954-562-3883

Daytime Phone #

C:\JEC\14 (5/00)

DOC. # L47605

GARDNER & ASSOCIATES

D0003083

Life • Health • Group • Annuities

PLEASE FIND ENCLOSED CHECK \$158⁷⁵
FOR 2000 UNIFORM BUSINESS REPORT.
I NEVER RECEIVED 1ST REPORT.
I NOTICE THE ZIP CODE IS
IN CORRECT.
I CHANGED ZIP CODE ON REPORT

SINCERELY

Paul L. Gardner

PLEASE ADVISE IF A PROBLEM

GARDNER & ASSOCIATES
P.O. BOX 350426
FT. LAUDERDALE, FL 33335

208 W. DAVIE BLVD. • FORT LAUDERDALE, FL 33315

954-527-0303

IN FLORIDA 1-800-330-6610 • FAX 954-463-8142