

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50528

1. Entity Name

JOHN KNAPP INSURANCE, INC.

Principal Place of Business

1010 JAMAICA AVE  
FORT PIERCE FL 34982  
US

Mailing Address

1010 JAMAICA AVE  
FORT PIERCE FL 34982  
US

2. Principal Place of Business

1214 Country Gardens Lane  
Suite, Apt. #, etc.

3. Mailing Address

1214 Country Gardens Lane  
Suite, Apt. #, etc.



FILED

00 OCT 20 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

City & State

Ft Pierce, FL

City & State

Ft Pierce, FL

4. FEI Number

65-0164214

Applied for  
Not Applicable

Zip

34982

Country

St Lucia

Zip

34982

Country

St Lucia

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, JOHN  
1010 JAMAICA AVE  
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name John Knapp  
Street Address (P.O. Box Number is Not Acceptable)  
1214 Country Gardens Lane  
City Ft Pierce FL Zip Code 34982

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

*John M Knapp*

10/1/00

Signature, typed or printed name of registered agent and date 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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	KNAPP, JOHN	
STREET ADDRESS	1010 JAMAICA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003455829	
STREET ADDRESS	-11/07/00--01108--003	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

*John M Knapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/00  
Date

5614617670  
Daytime Phone #

LS

0127848

CR2E034 (5/00)