

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87024

1. Entity Name

G. DAVID HARRIS INSURANCE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90133 001 ***150.00

Principal Place of Business

7370 NW 36 ST.
220N
MIAMI FL 33166
US

Mailing Address

7370 NW 36 ST.
220N
MIAMI FL 33166-6733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0209950

Applied For

Not Applicable

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

~~HARRIS, GEORGE~~
333 IVES DAIRY RD., #10
MIAMI FL 33179

Name **DENNIS MARGARIS**

Street Address (P.O. Box Number is Not Acceptable)

333 IVES DAIRY RD. #10

City **MIAMI**

FL

Zip Code **33179**

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

[Signature] President

1/24/00

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 **VP/T** ☒ Delete
NAME **MARGARIS, DEAN**
STREET ADDRESS **15210 97 DRIVE NORTH**
CITY-ST-ZIP **JUPITER FL**

TITLE **P/S** ☐ Delete
NAME **MARGARIS, DENNIS, G**
STREET ADDRESS **333 IVES DAIRY RD #10**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/T** ☒ Change ☐ Addition
NAME **BARBARA HARRIS**
STREET ADDRESS **10943 CHANDLER DR.**
CITY-ST-ZIP **COOPER CITY, FL. 33026**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President

1/24/00

Date

305-716-0077

Daytime Phone #

CR2E034 (9/99)