

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000795

1. Entity Name

POLK INSURANCE COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1500 6TH STREET N.W.
WINTER HAVEN FL 33881

Mailing Address

1500 6TH STREET N.W.
WINTER HAVEN FL 33881-2368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3393452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JAMES L
1500 6TH STREET N.W.
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 3/2/00

9. MANAGING MEMBERS / MEMBERS

TITLE MEM
NAME BULLARD AGENCY, INC.
STREET ADDRESS 221 EAST STUART AVENUE
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE MEM
NAME GREEN'S INSURANCE SERVICE, INC.
STREET ADDRESS 1500 6TH STREET N.W.
CITY-ST-ZIP WINTER HAVEN-FL-33881 ☐ Delete

TITLE MEM
NAME HATTON INSURANCE AGENCY, INC.
STREET ADDRESS 322 EAST MAIN STREET
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MEM #114785
NAME Chad Green Insurance, Inc.
STREET ADDRESS 1617 East Gary Road
CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☒ Addition

TITLE MEM #991864
NAME Mitchell Insurance Agency, Inc.
STREET ADDRESS 105 N. Broadway
CITY-ST-ZIP Fort Meade, FL 33841 ☐ Change ☒ Addition

TITLE MEM #126191
NAME Desoto Insurance Agency, Inc.
STREET ADDRESS P.O. Box 880
CITY-ST-ZIP Arcadia, FL 34265-0880 ☐ Change ☒ Addition

TITLE
NAME 300003161429--1
STREET ADDRESS -03/07/00--01103--024
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

James L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-17-2000
Date

863-294-4241
Daytime Phone #

CR2E083 (9/99)