## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L97000000900

231 N. NEW YORK AVENUE

WINTER PARK, FL 32790

Address:

City-St-Zip:

Entity Name: WINTER PARK INSURANCE AGENCY, L.C.

FILED Apr 25, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 231 N NEW YORK AVENUE 231 N NEW YORK AVENUE WINTER PARK, FL WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** P.O. BOX 939 WINTER PARK, FL 32790 FEI Number: 65-0774740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUND, L. ALAN 1780 NORTH KROME AVENUE HOMESTEAD, FL 33030 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete JONES, THOMAS R JR Name: Name: Address: 1780 NORTH KROME AVENUE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LUND, L. ALAN Name: Address: 1780 NORTH KROME AVENUE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCCORMICK, WILLIAM R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM R MCCORMICK MGRM 04/25/2002