

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005431

1. Entity Name

PAGET INSURANCE AGENCY, LLC

Principal Place of Business

3522 THOMASVILLE ROAD  
SUITE 300  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 13297  
TALLAHASSEE FL 32317-3297

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

59-3593889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICKER, ROBERT L  
1750 MARSTON PLACE  
TALLAHASSEE FL 32312

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGR  
RIKER, WILLIAM I  
STREET ADDRESS  
6 PAMPAS ROAD  
CITY-ST-ZIP  
SMITHS BERMUDA

TITLE NAME ☐ Delete  
MGR  
RICKER, ROBERT L  
STREET ADDRESS  
1750 MARSTON PLACE  
CITY-ST-ZIP  
TALLAHASSEE FL 32312

TITLE NAME ☐ Delete  
MGR  
LUMMIS, JOHN M  
STREET ADDRESS  
38 HARBOUR ROAD  
CITY-ST-ZIP  
BEVERLY, BERMUDA

TITLE NAME ☐ Delete  
MGR  
NICHOLS, JOHN D JR  
STREET ADDRESS  
SOFIA PLACE 8 TANKFIELD HILL  
CITY-ST-ZIP  
PAGET BERMUDA

TITLE NAME ☐ Delete  
MGR  
STANARD, JAMES N  
STREET ADDRESS  
15 ARDSHEAL DRIVE  
CITY-ST-ZIP  
PAGET BERMUDA

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003576184-6  
-01/26/01--01040--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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:

*Robert L Ricker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/2001

Date

850-894-2144

Daytime Phone #

CR2E083 (11/00)