

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005437

1. Entity Name

Gula Insurance Agency, L.L.C.

FILED

01 APR -2 PM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4203 N W Federal Hwy
Jensen Beach, Fl 34957

SAME.

2. Principal Place of Business

4203 NW federal Hwy

3. Mailing Address

4203 NW Federal HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, Fl

City & State

Jensen Beach, Fl

4. FEI Number

65-0944540

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kohl N Dean JR

50 SE Kindred St, # 107

Stuart, Fl 34994

7. Name and Address of New Registered Agent

Name

Adam C Gula

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

4203 N W Federal Hwy

City

Jensen Beach

FL

34957

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.

Adam C Gula

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
STREET ADDRESS
CITY-ST-ZIP
MGMR
Russell J Gula
8402 S E Country Estates Way,
Jupiter, Fl 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
Gail A Gula
8402 S E Country Estates Way
Jupiter, Fl 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
Adam C Gula
3780 S E Gatehouse Circle
Stuart, Fl 34996

☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003992162--0
-04/11/01--01074--016
*****55.00 *****55.00

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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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:

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

561/ 692-0096

Date

Daytime Phone #

CR2E083 (11/00)