

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M64568 (2)

1. Corporation Name

SEIBERT INSURANCE BROKERS, INC.



Principal Place of Business

SEIBERT INS. BROKERS INC.  
1715 STICKNEY POINT RD., B-7  
SARASOTA FL 34231  
US

Mailing Address

1715 STICKNEY PT. RD. B-7  
SARASOTA FL 34231  
US

3. Date Incorporated or Qualified  
01/13/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 SELL HEALTH INS.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 1715 Stickney Pt. Rd. #B-7

27 City & State

23 SARASOTA, FLA

28 Zip

24 34231

25 Country

25 U.S.A

29 Zip

30 Country

4. FEI Number  
65-0025290

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEIBERT, WILLIAM A., JR.  
1715 STICKNEY POINT ROAD B-7  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

NONE

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (if not the registered agent)

(NOTE: Registered Agent's signature is required when the filer is not the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SEIBERT, WILLIAM A., JR.  
STREET ADDRESS 4657 HUNTER RIDGE DRIVE  
CITY-ST-ZIP SARASOTA FL 34233

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on a supplemental report with an address.

SIGNATURE:

*William Seibert Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM SEIBERT JR

4/29/96 (941) 923-0420

CR2E034 (12/95)