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Secretary of State

03-29-1999 90079 014 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64568

1. Corporation Name

SEIBERT INSURANCE BROKERS, INC.

Principal Place of Business

4657 HUNTER RIDGE DR.. #2-B
SARASOTA FL 34233
US

Mailing Address

4657 HUNTER RIDGE DR.. #2-B
SARASOTA FL 34233
US

EFFECTIVE 04/20/99

EFF. 4/20/99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 SEIBERT INS. BROKERS, INC.

Suite, Apt. #, etc.

22 2614 WEBBER PLACE

City & State

23 SARASOTA, FLA

Zip

24 34232

Country

25 USA

2a. Mailing Address

26 SEIBERT INS. BROKERS, INC.

Suite, Apt. #, etc.

27 2614 WEBBER PLACE

City & State

28 SARASOTA, FLA

Zip

29 34232

Country

30 USA

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME WILLIAM A. SEIBERT JR. EFF. DATE
1.3 STREET ADDRESS 2614 WEBBER PLACE 4/20/99
1.4 CITY-ST-ZIP SARASOTA, FLA 34232

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

(941) 923-0420

Daytime Phone #

CR2E034 (11/98)