

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97027

1. Entity Name

PROFESSIONAL INSURANCE BROKERAGE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90070 035 ***150.00

Principal Place of Business

Mailing Address

4853 TRI-PAR DR
SARASOTA FL 34234
US

4853 TRI-PAR DR
SARASOTA FL 34234-4122
US

2. Principal Place of Business

7002 WILLOW ST

Suite, Apt. #, etc.

3. Mailing Address

7002 WILLOW ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0070378

Applied For

Not Applicable

Zip

34243

Country

SARASOTA

Zip

34243

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN WINKLE, MARY E.
3844 BEE RIDGE RD STE 202
SARASOTA FL 34242

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHIVENER, GERALD L.
STREET ADDRESS 3366 RAMBLEWOOD COURT
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME ~~SHIVENER~~ GERALD L. SHIVENER
STREET ADDRESS 7002 WILLOW ST
CITY-ST-ZIP SARASOTA, FL. 34243

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Gerald L. Shivener GERALD L. SHIVENER 04/20/00 (941) 351-9965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1 024 00000