

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015610 AF

DOCUMENT # M98000001332

1. Entity Name

H. D. VEST INSURANCE AGENCY, LLC

00 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
IRVING TX 75038

Mailing Address

6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
IRVING TX 75038-2216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~75-2787410~~
78 8787410

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VEST, HERB D
STREET ADDRESS 6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
CITY-ST-ZIP IRVING TX 75038

TITLE ☐ Change ☐ Addition
NAME 400003256634--1
STREET ADDRESS -05/18/00--01016--006
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ 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:

SIGNATURE REQUIRED
HERB D. VEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/00

Date

(972) 870-6000

Daytime Phone #

CR2E083 (9/99)