

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000040617

1. Entity Name

PADDOCK INSURANCE AGENCY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG -7 PM 4:25

Principal Place of Business
7201 NW 11th Place
Gainesville, FL 32605

Mailing Address
7201 NW 11th Place
Gainesville, FL 32605

2. Principal Place of Business

3. Mailing Address

P.O. Box 147018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Gainesville, FL

4. FEI Number

59-3640716

Applied For

Not Applicable

Zip

Country

Zip

Country

32614-7018

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

Shively, William J.
7201 NW 11th Place
Gainesville, FL 32605

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, 2001 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 D ☐ Delete
NAME Shively, William J.
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, FL 32605

TITLE C/CEO/T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/COO ☒ Delete
NAME Rohs, Thomas J.
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, FL 32605

TITLE P/COO ☒ Change ☐ Addition
NAME Matz, Jr., Donald C.
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, FL 32605

TITLE S ☐ Delete
NAME Palmquist, Jonathon B.
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Shively

7/2/01

Date

(800) 509-1592

Daytime Phone #

CR2E034 (11/00)