

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053348

1. Entity Name

SANDERSON INSURANCE AGENCY, INC.

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1350 S John Young Pkwy

Suite, Apt. #, etc.

SUITE A1

City & State

Kissimmee FL

Zip

34741

Country

USA

3. Mailing Address

1350 S. JOHN YOUNG PKWY

Suite, Apt. #, etc.

STE A1

City & State

Kissimmee FL

Zip

34741

Country

USA

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90024 042 ***150.00

00031309



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ROBERT SANDERSON

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

1350 SOUTH JOHN YOUNG PARKWAY
SUITE A1

City

KISSIMMEE

FL

Zip Code

34741

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

Robert Sanderson

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

TITLE PSTD
NAME SANDERSON, BOB
STREET ADDRESS 118 WEST ORANGE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SANDERSON, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 1350 SOUTH JOHN YOUNG PKWY STE A1
CITY-ST-ZIP KISSIMMEE FL 34741

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Robert Sanderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

Daytime Phone #

CR2E034 (10/00)