

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90023 010 ***150.00

DOCUMENT # P00000091777

1. Entity Name

BRYAN INSURANCE AGENCY, INC.

Principal Place of Business

**20 E PLANT STREET
 WINTER GARDEN FL 34787**

Mailing Address

**P O BOX ~~4700220~~ 770220
 WINTER GARDEN FL 34777-0220**

2. Principal Place of Business

20 E Plant Street
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770220
 Suite, Apt. #, etc.

City & State

Winter Garden, Fla

City & State

Winter Garden

4. FEI Number

59-2942915

Applied For

Not Applicable

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

BRYAN, TRAVIS

20 E PLANT STREET

WINTER GARDEN FL 34787

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

Travis P. Bryan Secy/Treasurer

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, 2002 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 **PD** ☐ Delete
 NAME **BRYAN, TRAVIS**
 STREET ADDRESS **20 E PLANT STREET**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **STD** ☐ Delete
 NAME **BRYAN, BETTIE**
 STREET ADDRESS **20 E PLANT STREET**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Stacey L. Bryan**
 STREET ADDRESS **20 E. Plant Street**
 CITY-ST-ZIP **Winter Garden, Fl. 34787**

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

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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:

Travis P. Bryan Secy/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/02

Daytime Phone #

407-877-0878

0656038

SP

CP2Fm34 (9/01)