

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106957

1. Entity Name

MUTUAL INSURANCE GROUP, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90030 007 ***150.00

Q281959

Principal Place of Business

Mailing Address

1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401

1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401

2. Principal Place of Business

250 Australian Avenue South

3. Mailing Address

250 Australian Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1550 Clearlake Centre

1550 Clearlake Centre

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

US

33401

US

4. FEI Number

65-1069481

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

SCHNEIDER, JOHN C
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401

Name

John C. Schneider, Esquire

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

1550 Clearlake Centre

250 Australian Avenue South

City

West Palm Beach

FL

Zip Code
33401

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Wayne Jenkins
2090 Palm Beach Lakes Blvd. #400
West Palm Beach, FL 33409

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)