

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90167 019 \*\*\*150.00

DOCUMENT # P00000116295

1. Entity Name  
FNB INVESTMENTS AND INSURANCE SERVICES, INC.



Principal Place of Business  
POST OFFICE BOX 95  
MOUNT DORA FL 32756-0095

Mailing Address  
POST OFFICE BOX 95  
MOUNT DORA FL ~~32756~~ 32756-0095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3719742

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

POTTER, DEL G  
308 E. FIFTH AVENUE  
MOUNT DORA FL 32757

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PEASE, JOHN D III  
STREET ADDRESS 714 N DONNELLY ST  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE VPD  
NAME BROOKS, III, C. EDWARD  
STREET ADDRESS 714 N DONNELLY ST  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE STD  
NAME GORDON, C. HEYWOOD  
STREET ADDRESS 714 N DONNELLY ST  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE VP  
NAME SULLIVAN, W. SCOTT  
STREET ADDRESS 714 N DONNELLY ST  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heywood Gordon

1/28/03

(352) 383-2111

Date

Daytime Phone #

CR2E034 (10/02)