

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
 07-22-2002 90164 045 ***158.75

DOCUMENT # P01000001017

1. Entity Name
VARSITY INSURANCE, INC.

Principal Place of Business
12412 SAN JOSE BLVD SUITE 201
JACKSONVILLE FL 32223

Mailing Address
12412 SAN JOSE BLVD SUITE 201
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3689075

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

EBERSBERGER, ROBERT
12412 SAN JOSE BLVD SUITE 201
JACKSONVILLE FL 32223

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **EBERSBERGER, ROBERT**
 STREET ADDRESS **12412 SAN JOSE BLVD SUITE 201**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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:

Robert Ebersberger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Ebersberger

7/17/02

904-268-6365

Date

Daytime Phone #

CR2E034 (9/01)

Bob Ebersberger

12412-201 San Jose Boulevard

Jacksonville, FL 32223

Bus: (904) 268-6365

Fax: (904) 262-5816



Allstate.

You're in good hands.

Attachment

July 17, 2002

#PO1000001017

Florida Division of Corporations

P.O. Box 1500

Tallahassee, Fl. 32302

Re: 2002 UBR Form Filing
Varsity Insurance Inc.

To Whom IT May Concern:

I apologize for the delay in filing the UBR Form for 2002.

This year marked the first year of my corporation and with all the new paperwork required, I overlooked filing the first UBR before the May 1, 2002 deadline.

It was not my intent to ignore the filing of the UBR. I was however unfamiliar with the process and delayed getting advice from my accountant.

Under the circumstances, I would appreciate your understanding in accepting the required filing fee of \$158.75.

Sincerely,

Bob Ebersberger