

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90002 034 \*\*\*558.75

**DOCUMENT # P01000020901**

1. Entity Name

**PALM HAVEN INSURANCE AGENCY OF FLORIDA, INC.**

Principal Place of Business

**5200 SOUTH PINE ST  
 Ocala FL 34480**

Mailing Address

**5200 SOUTH PINE ST  
 Ocala FL 34480**

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

**59-370 9567**

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

**STEVENS, LARA  
 5200 SOUTH PINE ST  
 Ocala FL 34480**

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

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEENER, LARRY H</b>	
STREET ADDRESS	<b>1533 DALLAS PARKWAY STE 800</b>	
CITY-ST-ZIP	<b>ADDISON TX 75001</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LARA STEVENS</b>	
STREET ADDRESS	<b>5200 SOUTH PINE ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>GAVIN RYAN</b>	
STREET ADDRESS	<b>15361 SPECTRUM DRIVE STE 300</b>	
CITY-ST-ZIP	<b>ADDISON TX 75001</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY TACKLE</b>	
STREET ADDRESS	<b>15303 DALLAS PKWY STE 800</b>	
CITY-ST-ZIP	<b>ADDISON TX 75001</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAM KOTYLO</b>	
STREET ADDRESS	<b>100 NORTHWOODS DR.</b>	
CITY-ST-ZIP	<b>NEW BRAUNFELS TX 78132</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>RALPH BROCK</b>	
STREET ADDRESS	<b>100 NORTHWOODS DR.</b>	
CITY-ST-ZIP	<b>NEW BRAUNFELS TX 78132</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**830-629-6111**

**SIGNATURE:**

**SIGNATURE REQUIRED** **Ralph Brock** **8-26-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)