# 2000 UNIFORM BUSINESS REPORT (UBR)

5/16/00-90027-043-$150.00-$150.00

DOCUMENT # P06114

1. Entity Name

INVEST FINANCIAL CORPORATION INSURANCE AGENCY IN

FILED
00 JUN -9 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2701 N. ROCKY POINT DR.<br>7TH FLOOR<br>TAMPA FL 33607<br>US | 2701 N. ROCKY POINT DR.<br>7TH FLOOR<br>TAMPA FL 33607-5917<br>US |

| 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 52-1371150 — 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 |
|---|---|
| NRAI SERVICES, INC.<br>526 E. PARK AVENUE<br>TALLAHASSEE FL 32301 | Name: CT CORPORATION SYSTEM<br>Street Address (P.O. Box Number is Not Acceptable): 1200 South PINE ISLAND ROAD<br>City: PLANTATION FL Zip Code: 33324 |

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: Vicky Goldstein — VICKY GOLDSTEIN, SPECIAL ASSISTANT SECRETARY — DATE: 6-7-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 | CEO | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BLAGOJEVICH, ROBERT | | NAME | | |
| STREET ADDRESS | 2701 N ROCKY POINT DR, 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | | |
| TITLE | P | ☒ Delete | TITLE | President | ☐ Change ☑ Addition |
| NAME | ALLEN, C. ROGER | | NAME | BLAGOJEVICH, ROBERT | |
| STREET ADDRESS | 2701 N ROCKY POINT DR, 7TH FLOOR | | STREET ADDRESS | 2701 N ROCKY POINT DR, 7th FLOOR | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | TAMPA, FL 33607 | |
| TITLE | S | ☑ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | PRICE, MARY NEIL | | NAME | | |
| STREET ADDRESS | 2701 N ROCKY POINT DR, 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | | |
| TITLE | T | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | WARD, GARY L | | NAME | | |
| STREET ADDRESS | 2701 N ROCKY POINT DR, 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | | |
| TITLE | AT | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | MUNRO, CINDY | | NAME | | |
| STREET ADDRESS | 2701 N ROCKY POINT DR, 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | | |
| TITLE | AS | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | WELCH, PAMELA | | NAME | | |
| STREET ADDRESS | 400 1ST AMERICAN CENTER | | STREET ADDRESS | | |
| CITY-ST-ZIP | NASHVILLE TN 37237 | | CITY-ST-ZIP | | |

SP

CR2E034 (9/99)

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:** Cindy A. Munro — CINDY MUNRO — 4-26-00 — (813) 289-5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #