

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90228 014 ***158.75

DOCUMENT # P09937

1. Entity Name
MANAGING GENERAL AGENTS, INC.



Principal Place of Business
270 WALKER DRIVE
~~P.O. BOX 259~~
STATE COLLEGE PA 16801

Mailing Address
270 WALKER DRIVE
~~P.O. BOX 259~~
STATE COLLEGE PA 16801

30067071



2. Principal Place of Business

270 WALKER DRIVE
Suite, Apt. #, etc.

3. Mailing Address

270 WALKER DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

STATE COLLEGE, PA

City & State

STATE COLLEGE, PA

4. FEI Number

25-1372168

Applied For

Not Applicable

Zip

16801

Country

USA

Zip

16801

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNICHOL, ROBERT E. JR.
5909 A BRECKENRIDGE PARKWAY
TAMPA FL 33610

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 ☐ Delete
NAME MCNICHOL, ROBERT E. JR.
STREET ADDRESS 5909-A BRACKENRIDGE PARKWAY
CITY-ST-ZIP TAMPA FL 33610

TITLE T ☐ Delete
NAME DARE
STREET ADDRESS 270 WALKER DRIVE
CITY-ST-ZIP STATE COLLEGE PA 16801

TITLE DS ☐ Delete
NAME ERICKSON, THOMAS J
STREET ADDRESS 270 WALKER DRIVE
CITY-ST-ZIP STATE COLLEGE PA 16801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5909-A BRACKENRIDGE PARKWAY
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TREASURER / DIRECTOR
STREET ADDRESS DARE, III; EDWARD K.
CITY-ST-ZIP

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.12.03

Date

(PH) 238-0544

Daytime Phone

CR2E034 (10/02)