

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20923

1. Entity Name

FRONTIER GENERAL INSURANCE AGENCY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90016 023 ***150.00

Principal Place of Business

6801 CALMONT
FORT WORTH TX 76116
US

Mailing Address

6801 CALMONT
FORT WORTH TX 76116-4108
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 **75-2234314**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	V	<input type="checkbox"/> Delete
NAME	FERGUSON, STEVEN C	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	PGCD	<input type="checkbox"/> Delete
NAME	GEER, WILLIAM E.	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FT WORTH TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, ROBERT P.	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FT WORTH TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALVIN M JR	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FT WORTH TX	
TITLE	VST	<input type="checkbox"/> Delete
NAME	STASEY, WILLIAM GARY	
STREET ADDRESS	6801 CLAMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Hull	
STREET ADDRESS	6801 Calmont	
CITY-ST-ZIP	FT Worth TX	

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:

William E. Geer

William E. Geer, Pres

2/25/00

800-880-0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)