

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28955

1. Entity Name

ADVANTAGE CAPITAL INSURANCE AGENCY, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90007 017 ***150.00

Principal Place of Business

505 JAMES ROLLO DR.
GRAIN VALLEY MO 64029
US

Mailing Address

PO BOX 1387
BLUE SPRINGS 64013-1387
US

2. Principal Place of Business

2300 Windy Ridge Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite 1100

City & State

Atlanta, Georgia

Zip

Country

30339

U.S.A.

Zip

Country

4. FEI Number 43-1513705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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, 2001 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

TITLE	DP	Delete
NAME	HUTCHINS, THOMAS W	
STREET ADDRESS	4807 PIN OAK PARK	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	Delete
NAME	SMITH, PHILIP F	
STREET ADDRESS	6043 VALKEITH	
CITY-ST-ZIP	BLUE SPRINGS MO	
TITLE	S	Delete
NAME	RANDLE, JANET	
STREET ADDRESS	2817 STALLINGS DR.	
CITY-ST-ZIP	HOUSTON TX 77088	
TITLE	S	Delete
NAME	HARDY, GINGER J.	
STREET ADDRESS	2925 LINDA DR	
CITY-ST-ZIP	PEARLAND TX 77584	
TITLE	V	Delete
NAME	JALLANS, LESLIE B	
STREET ADDRESS	4905 JESSAMINE	
CITY-ST-ZIP	BELLAIRE TX 77401	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	Change	Addition
NAME	Thomas Shipley		
STREET ADDRESS	2300 Windy Ridge Pkwy #1100		
CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	Director/Treasurer	Change	Addition
NAME	Barry F. Kane		
STREET ADDRESS	2300 Windy Ridge Pkwy #1100		
CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	Secretary	Change	Addition
NAME	Thomas M. Wells		
STREET ADDRESS	2300 Windy Ridge Pkwy #1100		
CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	Vice President	Change	Addition
NAME	Daniel O. Williams		
STREET ADDRESS	2300 Windy Ridge Pkwy #1100		
CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	Vice President	Change	Addition
NAME	Ralph Parker		
STREET ADDRESS	2300 Windy Ridge Pkwy #1100		
CITY-ST-ZIP	Atlanta, GA 30339		
TITLE		Change	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

770-916-6500

Daytime Phone #

CR2E034 (10/00)