

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000008126**

1. Entity Name

GENE SCHANZE INSURANCE AGENCY, INC.**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 047 ***150.00

Principal Place of Business

**35145 US HWY 19 N.
PALM HARBOR FL 34684-1928
US**

Mailing Address

**35145 US HWY 19 N.
PALM HARBOR FL 34684-1928
US**

DUPLICATE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3162471Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOLIDAY FL 34690**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
SCHANZE, EUGENE A
35145 US HWY 19 N.
PALM HARBOR FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene A. Schanze
EUGENE A. SCHANZE

Date

Daytime Phone #

01/31/2000 727-72