

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035919

1. Entity Name

PLATTER'S INSURANCE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 033 ***150.00

Principal Place of Business

Mailing Address

2470 BARLOU COURT
ST. CLOUD FL 34771

2470 BARLOU COURT
ST. CLOUD FL 34771-9567

2. Principal Place of Business

1211 Florida Ave.

3. Mailing Address

1211 Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-3185734

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATTER, BARBARA E
2470 BARLOU COURT
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

Name Platter, Kenneth R.

Street Address (P.O. Box Number is Not Acceptable)

1211 Florida Ave.

City St. Cloud

FL

Zip Code 34769

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

Kenneth Platter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-00

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

TITLE DPT
NAME PLATTER, BARBARA E
STREET ADDRESS 2470 BARLOU COURT
CITY-ST-ZIP ST. CLOUD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Platter, Kenneth R. ☒ Change ☐ Addition
STREET ADDRESS 1211 Florida Ave.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE
NAME Platter, Maurice D. ☒ Change ☐ Addition
STREET ADDRESS 1211 Florida Ave.
CITY-ST-ZIP St. Cloud, FL 34769

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

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

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

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

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:

Kenneth Platter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

407-892-4104

Daytime Phone #

CR2E034 (9/99)