

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000008489.0**

1. Entity Name

Community Insurance Center - Inc.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90306 001 ***300.00

Principal Place of Business

Mailing Address

309 us 27 S.

309 us 27 S.

Lake Placid FL 33852

Lake Placid FL 33852

73733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Not Applicable

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

Wells, Lawrence B.
2015 us 27 S.
Lake Placid FL 33852

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!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

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	Pres	<input type="checkbox"/> Delete
NAME	Wells, Lawrence B.	
STREET ADDRESS	2015 us 27 S.	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	STO	<input type="checkbox"/> Delete
NAME	Wells, Cynthia L	
STREET ADDRESS	2015 us 27 S.	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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: **Cynthia L. Wells** **Cynthia L. Wells**

5-22-01

863-465-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)