

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000023981**

1. Entity Name

**FLORIDA INSURANCE MANAGEMENT GROUP, INC.****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90086 004 \*\*\*150.00

Principal Place of Business

Mailing Address

**250 E. PARK AVE.  
LAKE WALES FL 33853  
US****P.O. BOX 1319  
LAKE WALES FL 33859-1319  
US**

010041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3235161**Applied For  
Not Applicable5. 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****CORP AMERICA INC  
1525 S ANDREWS AVE  
STE 216  
FT LAUDERDALE FL 33316**

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	PD	<input type="checkbox"/> Delete
NAME	MATHEWSON, ANTHONY K	
STREET ADDRESS	250 EAST PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BRADLEY, HELENE M	
STREET ADDRESS	250 EAST PARK AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	

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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:****Anthony K. Mathewson 1/21/00 (863) 676-1681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #