

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90047 014 \*\*\*150.00

**DOCUMENT # P94000087845**

**1. Entity Name**  
**MORSTAN GENERAL AGENCY OF FLORIDA, INC.**

**Principal Place of Business**

**510 VONDERBERG DR.**  
**SUITE 3007**  
**BRANDON FL 33511**  
**US**

**Mailing Address**

**510 VONDERBERG DR.**  
**SUITE 3007**  
**BRANDON FL 33511**  
**US**

**2. Principal Place of Business**

**1210 Millennium Parkway**  
**Suite, Apt. #, etc.**  
**Suite 1050**

**3. Mailing Address**

**1210 Millennium Parkway**  
**Suite, Apt. #, etc.**  
**Suite 1050**

**City & State**  
**Brandon, Florida 33511**

**City & State**  
**Brandon, Florida 33511**

**4. FEI Number** **59-3292503**

**Applied For**  
**Not Applicable**

**Zip** **33511** **Country** **Hillsborough**

**Zip** **33511** **Country** **Hillsborough**

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

**6. Name and Address of Current Registered Agent**

**GREEN, MITCHELL F**  
**4000 HOLLYWOOD BLVD, 485**  
**HOLLYWOOD FL 33021**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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** **D** ☐ **Delete**  
**NAME** **GOLDFARB, ALAN S**  
**STREET ADDRESS** **1101 BRIAR PARK WAY**  
**CITY-ST-ZIP** **VALRICO FL 33594**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **Goldfarb, Alan S.**  
**STREET ADDRESS** **1225 Big Pine Drive**  
**CITY-ST-ZIP** **Valrico, Florida 33594**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**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:** *Alan Goldfarb* **REQUIRE SIGNATURE**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/7/02** **813-643-0707**  
**Date** **Daytime Phone #**

CR2E034 (9/01)