

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006361

1. Entity Name

HUGHES INSURANCE OF CENTRAL FLORIDA, INC.

Principal Place of Business

1750 S. VOLUSIA AVE.  
SUITE #5  
ORANGE CITY FL 32763

Mailing Address

1750 S. VOLUSIA AVE.  
SUITE #5  
ORANGE CITY FL 32713-2443

2. Principal Place of Business

10 Dogwood Trl  
Suite, Apt. #, etc.  
# D

3. Mailing Address

10 Dogwood Trl.  
Suite, Apt. #, etc.  
# D

City & State

DeBary FL.

City & State

DeBary, FL.

Zip  
32713

Country

Volusia

Zip

32713

Country

Volusia

4. FEI Number

59-3292871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JON MICHAEL  
508 DONALDSON DR  
DEBARY FL 32713

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

*Jon M. Hughes* Jon M. Hughes president

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

TITLE DP  
NAME HUGHES, JON MICHAEL  
STREET ADDRESS 1710 JOYNER DRIVE  
CITY-ST-ZIP DELTONA FL 32725 ☐ 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 DP  
NAME Hughes, Jon Michael  
STREET ADDRESS 508 Donaldson Dr.  
CITY-ST-ZIP DeBary, FL. 32713 ☒ 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

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:

*Jon M. Hughes* Jon M. Hughes - president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

407-668-6113

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90177 034 \*\*\*150.00