

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024120

1. Entity Name

HALL INSURANCE AGENCY, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90055 019 \*\*\*150.00

Principal Place of Business

8317 FRONT BEACH RD.  
SUITE 17-C  
PANAMA CITY FL 32407-4867

Mailing Address

8317 FRONT BEACH RD  
SUITE 17-C  
PANAMA CITY FL 32407-4867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3309910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, KEITH S  
1118 HARVARD BLVD.  
LYNN HAVEN FL 32444

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

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 P  
NAME HALL, KEITH S  
STREET ADDRESS 415 MAGNOLIA AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE ST  
NAME HALL, NEZ T  
STREET ADDRESS 1118 HARVARD BLVD.  
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ 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  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

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 my address, with all other title empowered.

SIGNATURE:

*Signature of Keith S. Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 850-234-2434  
Date Daytime Phone #