

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90287 017 ***158.75

DOCUMENT # P95000032930

1. Entity Name

INSURANCE GROUP OF BREVARD, INC.

Principal Place of Business

Mailing Address

ATTN: DEBORAH L. LANGEN
 375 COMMERCE PARKWAY, SUITE 201
 ROCKLEDGE FL 32955

ATTN: DEBORAH L. LANGEN
 375 COMMERCE PARKWAY, SUITE 201
 ROCKLEDGE FL 32955

2. Principal Place of Business

ATTN: Corporate Accounting

3. Mailing Address

ATTN: Corporate Accounting

Suite, Apt. #, etc.

Suite, Apt. #, etc.

375 Commerce Parkway, Ste:201

375 Commerce Parkway, STE201

City & State

City & State

Rockledge, FL

Rockledge, FL

Zip
 32955

Country
 USA

Zip
 32955

Country
 USA

4. FEI Number **59-3316844**

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

BUCHANAN, MARK S
 375 COMMERCE PARKWAY
 STE 201
 ROCKLEDGE FL 32955

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, 2001 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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **BUCHANAN, MARK S**
 CITY-ST-ZIP **375 COMMERCE PARKWAY STE 201**
ROCKLEDGE FL 32955

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

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **LONG, DONALD J**
 CITY-ST-ZIP **375 COMMERCE PARKWAY**
ROCKLEDGE FL 32955

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Donald J. Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 2001 321-631-0070

Date

Daytime Phone #

CR2E034 (10/00)