

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033118

1. Entity Name

HORNBECK INSURANCE GROUP, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90024 001 ***150.00

Principal Place of Business

Mailing Address

10051 MC GREGOR BLVD
202
FORT MYERS FL 33919
US

10051 MC GREGOR BLVD
202
FORT MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

10051 MCGREGOR BLVD
Suite, Apt. #, etc.
#202

10051 MCGREGOR BLVD
Suite, Apt. #, etc.
#202

City & State
FT MYERS FL
Zip
33919
Country
US

City & State
FT MYERS FL
Zip
33919
Country
US

4. FEI Number 65-0576376

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

HORNBECK, MICHAEL A
1342 COLONIAL BLVD., SUITE E-35
FT. MYERS FL 33907

Name
HORNBECK, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
10051 MCGREGOR BLVD
#202
City
FT MYERS, FL Zip Code
33919

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 

Michael A. Hornbeck

4-25-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D HORNBECK, MICHAEL A	#8 GEORGE TOWN	FORT MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D HORNBECK, MICHAEL A	10051 MCGREGOR BLVD #202	FT MYERS, FL 33919	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  MICHAEL A. HORNBECK

4-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)