

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90014 039 ***150.00

DOCUMENT # P95000066084

1. Entity Name

HUMPHREYS-VOORHEES INSURANCE, INC.

Principal Place of Business

Mailing Address

~~2300 WINTER WOODS BLVD~~

~~2300 WINTER WOODS BLVD~~

~~WINTER PARK FL 32792~~

~~WINTER PARK FL 32792~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

4950 HALL RD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C

CITY & STATE
ORLANDO FL

CITY & STATE

4. FEI Number 59-3332053

Applied For

Not Applicable

Zip

Country

Zip

Country

32817

US

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

HUMPHREYS, LARRY G

2300 WINTER WOODS BLVD

WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

4950 HALL RD. STE. C

City

ORLANDO

FL

Zip Code

32817

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

LARRY HUMPHREYS

4/13/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HUMPHREYS, LARRY G
2300 WINTER WOODS BLVD
WINTER PARK FL 32792 ☐ Delete

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY HUMPHREYS

Date

Daytime Phone

04/13/01

CR2E034 (10/00)