

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000085196**

1. Entity Name

STEVENS INSURANCE GROUP, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90033 012 ***150.00

Principal Place of Business

Mailing Address

**205 KATHERINE BLVD
STE 1101
PALM HARBOR FL 34684
US****P O BOX 24106
TAMPA FL 33623-4106**

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 **59-3346770**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****STEVENS, ROBERT G
205 KATHERINE BLVD
STE 1101
PALM HARBOR FL 34684**

Name

Maryann Stevens

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

205 Katherine Blvd. Suite 1101**Palm Harbor**

City

Palm Harbor**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 Robert G. Stevens
Signature, typed or printed name of registered agent and title if applicable.Robert G. Stevens

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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 **P** ☐ Delete
NAME **STEVENS, MARYANN**
STREET ADDRESS **205 KATHERINE BLVD STE 1101**
CITY-ST-ZIP **PALM HARBOR FL 34684**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: Maryann Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-18-2000

Date

727-771-6774

Daytime Phone #

CR2E034 (9/99)