

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026038

1. Entity Name

STATE NO-FAULT INSURANCE OF CASSELBERRY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90037 044 ***150.00

Principal Place of Business

Mailing Address

4051 S. US HWY 17-92
 CASSELBERRY FL 32707

P.O. BOX 180535
 CASSELBERRY FL 32860-7238
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City

Zip

Country

Zip

Country

34991

USA

4. FEI Number

59-3378323

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

VICKERY, MARK A
 4051 S. US HWY 17-92
 CASSELBERRY FL 32707

Name

Frank Daly

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

5547 SW Coral Tree Lane

City

Palm City

FL

Zip Code

34990

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

FRANK DALY

4/17/00

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 ☐ Delete
 NAME D
 STREET ADDRESS DALY, FRANK P III
 CITY-ST-ZIP P.O. BOX 1870 N/A
 PT. SALERNO FL 34991

TITLE ☒ Change ☐ Addition
 NAME P.O. Box 1870
 STREET ADDRESS Palm City
 CITY-ST-ZIP FL 34991

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK DALY 4/17/00 561-2837160

Date

Daytime Phone #

CR2E034 (9/99)