

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000043857**

1. Entity Name

FLORIDA'S INSURANCE CONNECTION, INC.**FILED**
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90208 034 ***158.75

Principal Place of Business

**545 WEST INDIANTOWN ROAD
JUPITER FL 33458**

Mailing Address

**545 WEST INDIANTOWN ROAD
JUPITER FL 33458-7501**

2. Principal Place of Business

850 WEST INDIANTOWN Rd

3. Mailing Address

850 WEST INDIANTOWN Rd

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

FLORIDA

Zip

33458

Country

FLORIDA

4. FEI Number

65-0673544

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAVERS, CLAYTON R
901 PINE TREE LANE
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRAVERS, CHERIE D	
STREET ADDRESS	4947 SE SALVORTI RD	
CITY-ST-ZIP	STUART FL 34997	

TITLE	V	<input type="checkbox"/> Delete
NAME	TRAVERS, CLAYTON R	
STREET ADDRESS	901 S.E. PINE TREE LANE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	S	<input type="checkbox"/> Delete
NAME	TRAVERS, CLAYTON R JR.	
STREET ADDRESS	2328 S.E. HARRISON STREET	
CITY-ST-ZIP	STUART FL 34997	

TITLE	T	<input type="checkbox"/> Delete
NAME	ERS, TIMOTHY T	
STREET ADDRESS	4500 LIME STREET	
CITY-ST-ZIP	COCOA BEACH FL 32926	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIDWELL, STEVE	
STREET ADDRESS	901 S.E. PINE TREE LANE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)