

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90065 035 ***150.00

DOCUMENT # **P96000043857**

1. Entity Name
FLORIDA'S INSURANCE CONNECTION, INC.

Principal Place of Business

**850 W INDIANTOWN RD
STE B
JUPITER FL 33458**

Mailing Address

**850 W INDIANTOWN RD
STE B
JUPITER FL 33458**

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

65-0673544

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

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

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, 2002 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 **P**
STREET ADDRESS **TRAVERS, CHERIE D**
CITY-ST-ZIP **4947 SE SALVORTI RD
STUART FL 34997**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Cherie D. Travers**
CITY-ST-ZIP **8915 SE Hobe Ridge Ave.
Hobe Sound, FL 33455**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TRAVERS, CLAYTON R**
CITY-ST-ZIP **901 S.E. PINE TREE LANE
PALM CITY FL 34990**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TRAVERS, CLAYTON R JR.**
CITY-ST-ZIP **2328 S.E. HARRISON STREET
STUART FL 34997**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Clayton R. Travers Jr.**
CITY-ST-ZIP **1554 SW College St.
Stuart, FL 34997**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ERS, TIMOTHY T**
CITY-ST-ZIP **4500 LIME STREET
COCOA BEACH FL 32926**

TITLE ☒ Change ☐ Addition
NAME **Treasurers**
STREET ADDRESS **Timothy T. Travers**
CITY-ST-ZIP **2612 Quail Trail
Titusville, FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Cherie D. Travers (president)** 2/8/02 778-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)