

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047928

1. Entity Name

APPLE INSURANCE MALL OF CLEARWATER, INC.

FILED

00 JAN 24 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

101 N MISSOURI AVE
CLEARWATER FL 34615

Mailing Address

101 N. MISSOURI AVE
STE 2
CLEARWATER FL 33755-4832
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3378448

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCVEIGH, PAMELA
325 N FEDERAL HWY
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

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

101 N. Missouri Ave Ste 2

Clearwater

FL

Zip Code 33755

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 VPS
NAME MCVEIGH, PAMELA
STREET ADDRESS 2800 N FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE P
NAME NAUGHTON, JOHN J.
STREET ADDRESS 101 N. MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 101 N Missouri Ave Ste 2
CITY-ST-ZIP Clearwater FL 33755

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

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

SP