

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000047953**

1. Entity Name

**WALDORFF INSURANCE AGENCY, INC.****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90043 026 \*\*\*150.00

Principal Place of Business

Mailing Address

**465 EAST MAIN STREET  
BARTOW FL 33830****465 EAST MAIN STREET  
BARTOW FL 33830-4718****646954**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3390192**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

**LAWRENCE R. BLACKWELDER**

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

**465 EAST MAIN STREET**

City

**BARTOW****FL**Zip Code  
**33830**

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

**LAWRENCE R. BLACKWELDER***LR Black***4/20/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALDORFF, RUSSELL G SR.	
STREET ADDRESS	3130 CLUBHOUSE RD.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALDORFF, RUSSELL G JR.	
STREET ADDRESS	1090 W. GEORGIA STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALDORFF, JOYCE S	
STREET ADDRESS	3130 CLUBHOUSE RD.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN B. DUCE	
STREET ADDRESS	465 E. MAIN STREET	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT C. WALKER	
STREET ADDRESS	465 E. MAIN STREET	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	VICE PRESIDENT/SECRETARY	<input type="checkbox"/> Delete
NAME	STEVEN C. NORTON	
STREET ADDRESS	465 E. MAIN STREET	
CITY-ST-ZIP	BARTOW, FL 33830	

TITLE	<del>VP</del> VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE R. BLACKWELDER	
STREET ADDRESS	465 E. MAIN STREET	
CITY-ST-ZIP	BARTOW, FL 33830	
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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 employed.

SIGNATURE:

*SIG LR Black*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-20-00 (863) 583-1324**

Date

Daytime Phone #