

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055679

1. Entity Name

DONALD MEISTER INSURANCE AGENCY, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90094 010 ***150.00

Principal Place of Business

190 BRIDGE ST
LABELLE FL 33935
US

Mailing Address

194 FT THOMPSON AVE
LABELLE FL 33935
US

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

65-0703041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISTER, DONALD L JR
194 FT THOMPSON AVE
LABELLE FL 33935

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **MEISTER, DONALD L JR**
CITY-ST-ZIP **194 FT THOMPSON AVE**
LABELLE FL 33935

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEISTER, DONNA M**
CITY-ST-ZIP **194 FT THOMPSON AVE**
LABELLE FL 33935

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Donald L Meister Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD L MEISTER JR

7-20-00

Date

863-675-3335

Daytime Phone #

CR2E034 (5/00)

ATTACHMENT
#P96000055679
000772A

August 1, 2000

RE:Donald Meister Insurance
65-0703041

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam,

This is in response to a second notice I received concerning the late filing of my annual corporate report. I have never received the first notice to file. It is not my intentions to file anything late but to file in a timely manner I must be notified to do so in a timely manner. Please check your records and make sure that the first notice was indeed mailed and mailed to the correct address.

Enclosed please find a check for the original filing fee of \$ 150.00 and the annual report for 2000. Please accept this as our renewal for the current year. If there should be any complications concerning this please inform me as soon as possible.

Thank You

Donald Meister, Jr.