

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071141

1. Entity Name

GEORGE W. KINNEY INSURANCE, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90077 043 ***550.00

Principal Place of Business

Mailing Address

989 W KENNEDY BLVD
SUITE #103
ORLANDO FL 32810
US

989 W KENNEDY BLVD
SUITE #103
ORLANDO FL 32810-6113
US

2. Principal Place of Business

1153 10th St.

3. Mailing Address

1153 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit H.

Unit H.

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34711

Country
LAKE

Zip
34711

Country
LAKE



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

KINNEY, GEORGE W
989 W KENNEDY BLVD
SUITE #103
ORLANDO FL 32810

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

George W. Kinney

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KINNEY, GEORGE W
989 W KENNEDY BLVD, STE #103
ORLANDO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1153 10th St Unit H
Clermont FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINNEY, PATTIE J
989 W KENNEDY BLVD, STE #103
ORLANDO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1153 10th St Unit H
Clermont, FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

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:

George W. Kinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-394-1046

Daytime Phone #