2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000077827** Apr 18, 2000 8:00 am Secretary of State REPUBLIC INSURANCE AGENCY, INC. 04-18-2000 90068 042 ***150.00 Principal Place of Business Mailing Address 111 SECOND AVENUE N.E. 111 SECOND AVENUE N.E. ST. PETERSBURG FL 33701-3434 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3452835 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUNTER, CHRISTOPHER M** Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVENUE N.E. ST. PETERSBURG FL 33701 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE FISCHER, JOHN W JR. NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Addition TITLE ☐ Change ☐ Delete TITLE FALZONE, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 Delete ☐ Addition ☐ Change TITL F TITLE FUNSCH, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Change Addition TITLE ☐ Delete TITLE HUNTER, CHRISTOPHER M NAME NAME STREET ADDRESS 111 SECOND AVENUE N.E. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33701 Change ■ Addition TITLE ☐ Delete TITLE POTASKY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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