

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90029 018 \*\*\*150.00

**DOCUMENT # P96000096356**

1. Entity Name  
**THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.**

Principal Place of Business  
**716 N MAIN STREET  
 KISSIMMEE FL 34744  
 US**

Mailing Address  
**PO BOX 423087  
 KISSIMMEE FL 34742  
 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 **59-3428004**

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

**RAMOS, JUSTINA  
 861 PISA LANE  
 POINCIANA FL 34758-4308**

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 \_\_\_\_\_ (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, 2001 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 ☐ Delete  
**P**  
 NAME **RAMOS, JUSTINA**  
 STREET ADDRESS **861 PISA LANE**  
 CITY-ST-ZIP **POINCIANA FL 34758-4308**

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

TITLE ☐ Delete  
**V**  
 NAME **RAMOS, RUBEN**  
 STREET ADDRESS **861 PISA LANE**  
 CITY-ST-ZIP **POINCIANA FL 34758-4308**

☐ Change ☐ Addition  
 TITLE  
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 STREET ADDRESS  
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TITLE ☐ Delete  
**ST**  
 NAME **GRIFFIN, ILIANA**  
 STREET ADDRESS **861 PISA LANE**  
 CITY-ST-ZIP **POINCIANA FL 34758-4308**

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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: Ruben Ramos RUBEN RAMOS

04/27/01

(407)846-1648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)