2001 UNIFORM BUSINESS REPORT (UBR)

Sep 18, 2001 8:00 am Secretary of State DOCUMENT # P97000001460 1. Entity Name 09-18-2001 90006 023 ***150.00 FIRST GAINESVILLE INSURANCE CORPORATION Principal Place of Business Mailing Address 4117 N.W. 34TH PL 4117 N.W. 34TH PL **GAINESVILLE FL 32606 GAINESVILLE FL 32606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3423039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODRICH, THOMAS W III Street Address (P.O. Box Number is Not Acceptable) 4117 N.W. 34TH PL **GAINESVILLE FL 32606** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE GOODRICH, THOMAS W III NAME NAME STREET ADDRESS 4117 N.W. 34TH PL STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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), Floriba 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 k-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

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-D.M. Smith & Company

Certified Public Accountants 2531-A NW 41st Street Gainesville, FL 32606 352-377-5566

BOULS728

September 10, 2001

Fl. Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report

Dear Sirs:

We are writing to request a waiver of the additional fees for late filing of the Uniform Business Report for reasonable cause.

The taxpayer passed away on February 5, 2001 and the spouse was unaware of the filing requirement.

We have enclosed \$ 150 for the initial filing fee and request your consideration in the matter.

Sincerely

D.M. mith & Company

Dennis M Smith

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