

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P97000030429

1. Entity Name

FLORIDA INSURANCE CONCEPTS, INC.

00 NOV 21 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1900 PALM BAY RD., N.E.  
PALM BAY, FL 32907

Mailing Address

1301 BEVILLE ROAD, #21  
DAYTONA BEACH, FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3439619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BESSETTE, DAVID L.  
5 FORESTVIEW WAY  
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

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

TITLE VPD  
NAME BESSETTE, DAVID L.  
STREET ADDRESS 5 FORESTVIEW WAY  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE STD  
NAME BESSETTE, PAMELA S.  
STREET ADDRESS 5 FORESTVIEW WAY  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE PD  
NAME SCHEVRAS, SELMA  
STREET ADDRESS 1867 IMPORT DRIVE  
CITY-ST-ZIP PORT ST LUCIE, FL 34953 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME BESSETTE, DAVID L.  
STREET ADDRESS 5 FORESTVIEW WAY  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003505661-2  
-12/19/00-01043-019  
\*\*\*\*\*61.95 \*\*\*\*\*61.25 ☐ Change ☐ Addition

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

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

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

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:

DAVID L. BESSETTE

X 10-23-00

561-335-1995

CR2E034 (5/00)