

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067991

1. Entity Name

TIB INVESTMENT & INSURANCE CENTER, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90114 001 \*\*\*450.00

Principal Place of Business

Mailing Address

99451 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

P O BOX 2808  
KEY LARGO FL 33037-7808  
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

65-0772452

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

LARUE SMITH, WAYNE ESQ.  
~~317 WHITEHEAD STREET~~  
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

330 WHITEHEAD ST.

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

*Constance D. Miller, Secretary*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/15/00

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 CD ☐ Delete  
NAME LETT, EDWARD V  
STREET ADDRESS 99451 OVERSEAS HIGHWAY  
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE D ☐ Delete  
NAME DANIEL W TAYLOR  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE PD ☒ Delete  
NAME GARY N KELLEY  
STREET ADDRESS 330 WHITEHEAD ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE PD ☐ Change ☒ Addition  
NAME WILLIAM SMITH  
STREET ADDRESS 3618 NO. ROOSEVELT BLVD.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VPD ☐ Delete  
NAME MILLARD J YOUNKERS JR  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE TD ☐ Delete  
NAME DAVID P JOHNSON  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE S ☒ Delete  
NAME ZINGER, JOANN  
STREET ADDRESS 330 WHITE HEAD ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ Change ☒ Addition  
NAME HEATHER DOW  
STREET ADDRESS 3618 NO. ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST, FL 33040

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:

*Constance D. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00 305-451-4660

CONSTANCE D. MILLER

CP2E034 (9/99)