

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085077 000

1. Entity Name
FLORIDA INSURANCE NETWORK INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90063 025 ***150.00

Principal Place of Business Mailing Address
5330 BENEVA WOODS CIRCLE P.O BOX 18989
SARASOTA, FLORIDA 34233 SARASOTA, FL.
34276

2. Principal Place of Business 3. Mailing Address
5330 BENEVA WOODS CIRCLE P.O BOX 18989

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
SARASOTA, FLORIDA SARASOTA, FLORIDA 59-3472744 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
34233 USA 34276 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIEDEMA, DARRYL W.
5330 BENEVA WOODS CIRCLE
SARASOTA, FLORIDA 34233

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 _____ DATE _____
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 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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MIEDEMA, DARRYL W. 5330 BENEVA WOODS CIRCLE SARASOTA, FLORIDA 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Darryl W. Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 941-923-831
Date Daytime Phone #

CR2E034 (9/99)