

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085077

1. Entity Name

FLORIDA INSURANCE NETWORK, INC.

Principal Place of Business

5330 BENEVA WOODS
SARASOTA FL 34233

Mailing Address

P O BOX 18989
SARASOTA FL 34276

2. Principal Place of Business

4449 GROVELAND AVE.

3. Mailing Address

4449 GROVELAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL. 34231

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

6. Name and Address of Current Registered Agent

MIEDEMA, DARRYL W
5330 BENEVA WOODS CIR
SARASOTA FL 34233

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

Darryl W. Miedema

DARRYL W. MIEDEMA

4-16-01

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 \$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

TITLE **P** ☐ Delete
NAME **MIEDEMA, DARRYL**
STREET ADDRESS **5330 BENEVA WOODS CIR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **DARRYL W. MIEDEMA**
STREET ADDRESS **4449 GROVELAND AVE**
CITY-ST-ZIP **SARASOTA, FL. 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **(ADDRESS CHANGE)**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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), 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. Miedema

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

941-923-8131

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90928 018 ***150.00

758132



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)