

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088868

1. Entity Name

COLLIN & JAMES INSURANCE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 006 ***150.00

Principal Place of Business

9148 BONITA BEACH RD #210
BONITA SPRINGS FL 34135

Mailing Address

9148 BONITA BEACH RD #210
BONITA SPRINGS FL 34135-4265

2. Principal Place of Business

6110 Whiskey Creek Dr.

Suite, Apt. #, etc.

#215

3. Mailing Address

6110 Whiskey Creek Dr.

Suite, Apt. #, etc.

#215

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

59-3483586

Applied For

Not Applicable

Zip

33919

Country

Lee

Zip

33919

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HOOLEY, JOHN
4532 TAMiami TRAIL EAST
SUITE 401
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name

Joan Schilke

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

6110 Whiskey Creek Dr. Apt 215

City

Fort Myers, FL

FL

Zip Code

33919

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

Joan J. Schilke
Signature, typed or printed name of registered agent and title if applicable.

Joan J. Schilke V/Pres
(NOTE: Registered Agent signature required when reinstating)

2/10/00
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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES V PONTE	
STREET ADDRESS	9148 BONITA BEACH RD #210	
CITY-ST-ZIP	BONITA SPRGS FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHN HOOLEY	
STREET ADDRESS	9148 BONITA BEACH RD #210	
CITY-ST-ZIP	BONITA SPRGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James V. Ponte	
STREET ADDRESS	4228 Crayton Road	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Schilke	
STREET ADDRESS	6110 Whiskey Creek Drive - #215	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HOOLEY	
STREET ADDRESS	4532 TAMiami TRAIL EAST ST 401	
CITY-ST-ZIP	Naples, FL 33962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joan J. Schilke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00
941-948-6868

CR2E034 (9/99)