

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090330

1. Entity Name
INSURANCE OPTIONS PLUS OF LEON COUNTY, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90038 004 ***158.75

Principal Place of Business
737 N MONROE STREET
TALLAHASSEE FL 32303

Mailing Address
1535 N MAITLAND AVENUE
MAITLAND FL 32751-3317
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3474927

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 N MAITLAND AVE
MAITLAND FL 32751

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 \$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	DC	<input type="checkbox"/> Delete
STREET ADDRESS	REGISTER, LLOYD E	
ST-ZIP	1535 N MAITLAND AVENUE MAITLAND FL 32751	
TITLE	DVP	<input type="checkbox"/> Delete
STREET ADDRESS	REGISTER, LLOYD E IV	
ST-ZIP	1535 N MAITLAND AVENUE MAITLAND FL 32751	
TITLE	DST	<input type="checkbox"/> Delete
STREET ADDRESS	PACE, ERICK	
ST-ZIP	1535 N MAITLAND AVENUE MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED **4/10/00** **407 260 2220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)