

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096033

1. Entity Name

FLORIDA HOME BUILDERS INSURANCE AGENCY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90028 008 ***150.00

Principal Place of Business

Mailing Address

201 E PARK AVE
TALLAHASSEE FL 32301

P O BOX 1259
TALLAHASSEE FL 32302-1259

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

59-3478874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, PAUL M
201 E PARK AVE
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Delete
NAME	HENRY, E	
STREET ADDRESS	201 E PARK AVE	
CITY-ST-ZIP	TALL FL 32301	
TITLE	VPD	☒ Delete
NAME	RUTENBERG, B	
STREET ADDRESS	201 E PARK AVE	
CITY-ST-ZIP	TALL FL 32301	
TITLE	TD	☒ Delete
NAME	COPENBARGER, R	
STREET ADDRESS	201 E PARK, AVE	
CITY-ST-ZIP	TALL FL 32301	
TITLE	SD	☒ Delete
NAME	REVELS, B	
STREET ADDRESS	201 E PARK AV	
CITY-ST-ZIP	TALL FL 32301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT-DIRECTOR	☒ Change ☐ Addition
NAME	RUTENBERG, B.	
STREET ADDRESS	201 E. PARK AVE, TALL FL 32301	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT-DIRECTOR	☒ Change ☐ Addition
NAME	COPENBARGER, R.	
STREET ADDRESS	201 E. PARK AVE.	
CITY-ST-ZIP	TALL FL. 32301	
TITLE	TREASURER-DIRECTOR	☒ Change ☐ Addition
NAME	REVELS, B.	
STREET ADDRESS	201 E. PARK AVE.	
CITY-ST-ZIP	TALL FL. 32301	
TITLE	SECRETARY-DIRECTOR	☐ Change ☒ Addition
NAME	SLAVICH, B.	
STREET ADDRESS	201 E. PARK AVE	
CITY-ST-ZIP	TALL FL 32301	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 / 01001