

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103620

1. Entity Name

DAVID A. KOSSAK INSURANCE AGENCY, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90028 031 \*\*\*150.00

Principal Place of Business

Mailing Address

4100 BELFORT ROAD STE. 450  
 JACKSONVILLE FL 32216

4100 BELFORT ROAD STE. 450  
 JACKSONVILLE FL 32216-1405

2. Principal Place of Business

1605 MAIN ST.

3. Mailing Address

1605 MAIN ST.

Suite, Apt. #, etc.

709

Suite, Apt. #, etc.

709

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3488893

Applied For

Not Applicable

Zip

34230

Country

SARASOTA  
~~ARIZONA~~

Zip

34230

Country

SARASOTA

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

~~FAIRBANKS, RANDAL C~~  
 217 PONTE VEDRA PARK DRIVE  
 PONTE VEDRA BEACH FL 32082

Name

DAVID A. KOSSAK

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

1605 MAIN ST # 709

City

SARASOTA

FL

Zip Code

34230

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

*Dec. Kossak*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/17/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KOSSAK, DAVID A	
STREET ADDRESS	4100 BELFORT ROAD STE. 450	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS	1605 MAIN ST # 709	
CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: *X Dec Kossak*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00  
 Date

Daytime Phone #