

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90067 042 ***150.00

0086222

DOCUMENT # P98000005576

1. Entity Name

ORCHID INSURANCE AGENCY OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

**2911 OCEAN DRIVE
 VERO BEACH FL 32963**

**2911 OCEAN DRIVE
 VERO BEACH FL 32963**

(42103)

2. Principal Place of Business

3. Mailing Address

2801 Ocean Dr

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202 B

City & State

City & State

Vero Beach, FL

FL

Zip

County

Zip

County

32963

Indian River



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDRIX, C. KENNON
 1443 20TH STREET
 SUITE F
 VERO BEACH FL 32960**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **STRUVE, JOHN M**
 STREET ADDRESS **2911 OCEAN DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **D** ☐ Delete
 NAME **SCHWIERING, JAMES M**
 STREET ADDRESS **2911 OCEAN DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **D** ☐ Delete
 NAME **HENDRIX, C. KENNON**
 STREET ADDRESS **1443 20TH STREET SUITE F**
 CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE ☐ Delete
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 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, 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 by the 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 I am not subject to Section 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 #

John M. Struve
ABR / VERO INSURANCE
2801 Ocean Dr Suite 202B
Vero Beach, FL 32963
(561) 231-2022 Ph / 231-7444 Fax

CR2E034 (10/00)