

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008937

1. Entity Name

EAGLE INSURANCE GROUP, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90089 039 \*\*\*150.00

Principal Place of Business

3200 BAILEY LANE  
SUITE 105  
NAPLES FL 34105

Mailing Address

3200 BAILEY LANE  
SUITE 105  
NAPLES FL 34105-8506

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

59-3522331

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

~~HEUERMAN, PAUL K  
850 PARK SHORE DRIVE  
TRIANON CENTRE, 3RD FLOOR  
NAPLES FL 34103~~

Name **Charles D. Schmelzle**

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

**3200 Bailey Lane # 105**

City

**Naples**

FL

Zip Code

**34105**

**8506**

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]*

**Charles D. Schmelzle**

**3/2/00**

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 **D** ☐ Delete  
NAME **SCHMELZLE, GEORGE S**  
STREET ADDRESS **3200 BAILEY LANE SUITE 105**  
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE **D** ☐ Delete  
NAME **SCHMELZLE, GEORGE R**  
STREET ADDRESS **3200 BAILEY LANE SUITE 105**  
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE **D** ☐ Delete  
NAME **SCHMELZLE, CHARLES D**  
STREET ADDRESS **3200 BAILEY LANE SUITE 105**  
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE **D** ☐ Delete  
NAME **THORNGATE, ROBERT E**  
STREET ADDRESS **3200 BAILEY LANE SUITE 105**  
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE **D** ☐ Delete  
NAME **KUHLMAN, WILLIAM**  
STREET ADDRESS **3200 BAILEY LANE SUITE 105**  
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE ☐ Delete  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles D. Schmelzle**

Date

**3/2/00**

Daytime Phone #

**941 649  
1444**

CR2E034 (9/99)