

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030707

1. Entity Name

ACCORD INSURANCE NETWORK, INC.

FILED 1082

00 DEC 19 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1004 Highway 19 South  
Palatka, Florida 32177

Mailing Address  
same

2. Principal Place of Business

300 South Ponce Boulevard

Suite, Apt. #, etc.

3. Mailing Address

300 South Ponce Boulevard

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

Country

32084

City & State

St. Augustine, Florida

Zip

Country

32084

4. FEI Number

59-3502988

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

AMERILAWYER  
343 Almeria Avenue  
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

Name  
SPIEGEL & UTRERA, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
City  
Coral Gables FL Zip Code  
33134

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.

Spiegel & Utrera, P.A.

SIGNATURE By: Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reconstituting)

12/18/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
Sapp, James N.  
100 S. Palm Avenue  
Palatka, Florida 32177 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
Humphrey, Janice D.  
100 S. Palm Avenue  
Palatka, Florida 32177 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
Sapp, James N.  
300 South Ponce Boulevard  
St. Augustine, Florida 32084 ☒ Change ☐ Addition

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

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

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

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

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

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

James N. Sapp, President

Date

Daytime Phone #

CR2E034 (9/99)

20/2

**AFFIDAVIT IN SUPPORT OF REQUEST TO**  
**WAIVE THE FLORIDA DEPARTMENT OF STATE**  
**CORPORATE REINSTATEMENT FEES**

**P98000030707**

STATE OF FLORIDA     )  
                                  )  
COUNTY OF ST. Johns     )

1. James N. Sapp is the President of ACCORD INSURANCE NETWORK, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 22, 2000.
3. That the Corporation failed to file its 2000 Annual Report or pay the 2000 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2000 Annual Report fees and the filing of its 2000 Annual Report, which are presented simultaneously with this Affidavit.
5. ACCORD INSURANCE NETWORK, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 14<sup>th</sup> day of December, 2000

**FURTHER, AFFIANT SAYETH NOT**

ACCORD INSURANCE NETWORK, INC.

By: James N. Sapp  
James N. Sapp, President

**SWORN AND SUBSCRIBED**  
before me this 14<sup>th</sup> day of December 2000.

Barbra Pratt  
Notary Public, State of Florida at Large  
Printed Name: BARBRA PRATT  
Commission Expires: \_\_\_\_\_

**BARBRA PRATT**  
Notary Public, State of Florida  
My comm. exp. Feb. 13, 2004  
Comm. No. CC909771