

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030707

1. Entity Name

ACCORD INSURANCE NETWORK, INC.

Principal Place of Business

300 South Ponce Blvd.  
St. Augustine, FL 32084

Mailing Address

300 South Ponce Blvd.  
St. Augustine, FL 32984

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

59-3502988

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

SPIEGEL & UTRERA, P.A.  
343 Almeria Avenue  
Coral Gables, Florida 33134

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code  
33145

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

*Natalia Utrera*  
Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

November 8, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sapp, James N. 300 South Ponce Blvd. St. Augustine, Florida 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

700004685837--2  
11/16/01 01020-024  
\*\*\*\*150.00 \*\*\*\*150.00

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:

*James N. Sapp*  
James N. Sapp, President

11-01-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -9 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 UBR

202

**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

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 failed to file its 2001 Uniform Business Report or pay the 2001 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 2.1 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. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2001 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. ACCORD INSURANCE NETWORK, INC. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 1<sup>st</sup> day of NOVEMBER, 2001

**FURTHER, AFFIANT SAYETH NOT**

ACCORD INSURANCE NETWORK, INC.

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

**SWORN AND SUBSCRIBED**  
before me this 1<sup>st</sup> day of NOVEMBER, 2001.

Barbra Pratt  
Notary Public, State of Florida at Large  
Printed Name: BARBRA PRATT  
Commission Expires: 2-13-04

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