

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90125 037 \*\*\*150.00

**DOCUMENT # P98000030707**

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 32084**

00030064



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3502988**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.  
 1840 S.W. 22 STREET  
 4TH FLOOR  
 MIAMI FL 33145**

Name

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

City

**FL**

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**PSTD  
 SAPP, JAMES N  
 300 SOUTH PONCE BLVD.  
 ST. AUGUSTINE FL 32084** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-502  
 Date

904-808-8600  
 Daytime Phone #

CR2E034 (9/01)