

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032794

1. Entity Name

AGENCY SPECIALTY COVERAGE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90115 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2196 PRINCETON ST.  
SUITE D  
SARASOTA FL 34237

P.O. BOX 2662  
SARASOTA FL 34230-2662

DUU00014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 Fruitville Rd.

3. Mailing Address

2801 Fruitville Road

Suite, Apt. #, etc.

Suite 260

Suite, Apt. #, etc.

Suite 260

City & State

Sarasota, FL

City & State

Sarasota, Florida

4. FEI Number

65-0831195

Applied For

Not Applicable

Zip  
34237

Country  
USA

Zip  
34237

Country  
USA

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

DANSON, THOMAS E JR  
2196 PRINCETON ST.  
SUITE D  
SARASOTA FL 34237

Name

THOMAS E. DANSON, JR.

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

2801 Fruitville Road  
Suite 260

City

Sarasota

FL

Zip Code  
34237

THIS IS AN ADDRESS CHANGE ONLY

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, 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 VP ☒ Delete  
NAME BOGUSZ, TED G  
STREET ADDRESS 2196 PRINCETON ST.  
CITY-ST-ZIP SARASOTA FL 34237

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

TITLE P ☒ Delete  
NAME DANSON, THOMAS E DR  
STREET ADDRESS 2196 PRINCETON ST., STE D  
CITY-ST-ZIP SARASOTA FL 34237

TITLE P/D ☐ Change ☒ Addition  
NAME DANSON, THOMAS E., JR.  
STREET ADDRESS 2801 Fruitville Rd., Suite 260  
CITY-ST-ZIP Sarasota, Fl. 34237

TITLE ST ☒ Delete  
NAME DANSON, SOPHIA M  
STREET ADDRESS 503 SPOONBILL WAY  
CITY-ST-ZIP SARASOTA FL 34236-1821

TITLE V/D ☐ Change ☒ Addition  
NAME ROBERTON DONALD K.  
STREET ADDRESS 2801 Fruitville Rd., Suite 260  
CITY-ST-ZIP Sarasota, Florida 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition  
NAME ROBERTON, GUADALUPE C.  
STREET ADDRESS 2801 Fruitville Rd., Suite 260  
CITY-ST-ZIP Sarasota, Florida 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition  
NAME ROSS, ALEX V.  
STREET ADDRESS 2801 Fruitville Road, Suite 260  
CITY-ST-ZIP Sarasota, Florida 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition  
NAME OSTER, JOHN A.  
STREET ADDRESS 2801 Fruitville Road, Suite 260  
CITY-ST-ZIP Sarasota, Florida 34237

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:

*Thomas E. Danson, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

Date

(941)  
953-5452

Daytime Phone #

CR2E034 (9/99)