

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000032794**1. Entity Name
AGENCY SPECIALTY COVERAGE, INC.

Principal Place of Business

2801 FRUITVILLE RD
STE 260
SARASOTA
34237

FL

US

Mailing Address

2801 FRUITVILLE RD
STE 260
SARASOTA
34237

FL

US

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

65-0831195

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

DANSON THOMAS EJER
2801 FRUITVILLE RD
STE 260
SARASOTA
34237

FL

7. Name and Address of New Registered Agent

Name

ROBERTON GUADALUPE C

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

2801 FRUITVILLE RD

STE 260

City

SARASOTA

FL

Zip Code
34237

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 **GUADALUPE C. ROBERTON****04/11/2001**

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, 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	TD	<input checked="" type="checkbox"/> Delete
NAME	OSTER JOHN A	
STREET ADDRESS	2801 FRUITVILLE ROAD, STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSS ALEX V	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTON GUADALUPE C	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTON DONALD K	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DANSON THOMAS EJER.	
STREET ADDRESS	2801 FRUITVILLE RD, STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTER JOHN A	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS ALEX V	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTON GUADALUPE C	
STREET ADDRESS	2801 FRUITVILLE RD., STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTON DONALD K	
STREET ADDRESS	2801 FRUITVILLE RD, STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DONALD K. ROBERTON**

CPD

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)