

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000037686

FILED  
Feb 26, 2002 8:00 AM  
Secretary of State

Entity Name: APPLE INSURANCE MALL OF CASSAT, INC.

## Current Principal Place of Business:

1505 CASSAT AVE  
JACKSONVILLE, FL 32205 US

## New Principal Place of Business:

5808-5 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US

## Current Mailing Address:

2519 MCMULLEN BOOTH ROAD  
SUITE 508  
CLEARWATER, FL 33761 US

## New Mailing Address:

5201 PARK BLVD  
PINELLAS PARK, FL 33781 US

FEI Number: 59-3509468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAYMOND, J. PAUL  
625 COURT STREET SUITE 200  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NAUGHTON, JOHN J  
Address: 4605 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: VSTD ( ) Delete  
Name: MCVEIGH, PAMELA M  
Address: 2519 MCMULLEN BOOTH ROAD SUITE 508  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: VANDER PUTTEN, LEROY A  
Address: 4605 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA M MCVEIGH

VSTD

02/26/2002

Electronic Signature of Signing Officer or Director

Date