

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/2

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90143 033 \*\*\*400.00  
07-21-2003 90128 038 \*\*\*150.00

**DOCUMENT # P98000037686**

1. Entity Name  
**APPLE INSURANCE MALL OF CASSAT, INC.**



Principal Place of Business

~~5808 S. NORMANDY BLVD~~  
~~JACKSONVILLE FL 32205~~  
~~US~~

Mailing Address

5201 PARK BLVD  
PINELLAS PARK FL 33781  
US

**10110667**

2. Principal Place of Business

**5808 S. NORMANDY BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 5**

City & State

**JACKSONVILLE FL**

4. FEI Number **59-3509468**

Applied For  
Not Applicable

Zip

Country

**32205**

**USA**

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

**RAYMOND, J. PAUL**  
**625 COURT STREET SUITE 200**  
**CLEARWATER FL 33758**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C**  
**VANDER PUTTEN, LEROY A**  
**4805 S. TAMiami TRAIL**  
**SARASOTA FL 34231** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO**  
**MARK KAPLAN**  
**5201 PARK BLVD.**  
**PINELLAS PARK FL 33781** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD**  
**MCVEIGH, PAMELA M**  
**2519 MCMULLEN BOOTH ROAD SUITE 508**  
**CLEARWATER FL 33781** ☒ Delete

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**7/14/03**  
Date

**813**  
**731-2775**  
Daytime Phone #

CR2E034 (10/02)