

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90143 026 \*\*\*400.00  
07-21-2003 90128 041 \*\*\*150.00

**DOCUMENT # P98000037695**



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

Principal Place of Business  
**1440 32 DUNN AVE  
JACKSONVILLE FL 32218**

Mailing Address  
**5201 PARK BLVD  
PINELLAS PARK FL 33781**

2. Principal Place of Business  
**5201 PARK BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**ABOVE**  
Suite, Apt. #, etc.

City & State  
**PINELLAS PARK FL**  
Zip  
**33781**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**59-3509470**

Applied For  
Not Applicable

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 33756**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
MCVEIGH, PAMELA M  
2519 McMULLEN BOOTH ROAD SUITE 508  
CLEARWATER FL 33761** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
VANDERPUTTEN, LEROY A  
4605 S. TAMiami TRAIL  
SARASOTA FL 34231** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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)(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 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

**7/13/02**  
Date

**813**  
**731-7725**  
Daytime Phone #

CR2034 (10/02)