

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P98000037704

1. Entity Name
APPLE INSURANCE MALL OF REGENCY, INC.



Principal Place of Business
**1047 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246**

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

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

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

City & State
PINELLAS PARK FL
Zip
33781

City & State
Zip
Country

4. FEI Number
59-3509473

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
**VSTD
MCVEIGH, PAMELA M
2519 MCMULLEN BOOTH ROAD SUITE 508
CLEARWATER FL 33781** ☒ 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
**C
VANDERPUTTEN, LEROY A
4605 S. TAMiami TRAIL
SARASOTA FL 34231** ☐ Delete

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

TITLE
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☐ Delete

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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)(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:

MARK KAPLAN CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03
Date

813-731-7775
Daytime Phone

CR2E034 (10/02)