

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058256**

1. Entity Name

REALTY INSURANCE SERVICE CENTER, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90270 003 ***150.00

Principal Place of Business

2170 SR 434 W
STE 330
LONGWOOD FL 32779

Mailing Address

2170 SR 434 W
STE 330
LONGWOOD FL 32779

2. Principal Place of Business

255 PRIMERA BOULEVARD

Suite, Apt. #, etc.

SUITE 332

City & State

LAKE MARY FL

Zip

32746

Country

USA

3. Mailing Address

255 PRIMERA BOULEVARD

Suite, Apt. #, etc.

SUITE 332

City & State

LAKE MARY FL

Zip

32746

Country

USA4. FEI Number **59-3519360**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S
230 LOOKOUT PLACE
SUITE 200
MATLAND FL 32751

7. Name and Address of New Registered Agent

Name

David A. Beyer

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

Piper Marbury Rudnick & Wolfe LLP**101 E. Kennedy Blvd., Suite 2000**

City

Tampa

Zip Code

33602

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT J	
STREET ADDRESS	2170 SR 434 W, STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	HACENBERGER, DONALD J	
STREET ADDRESS	2170 SR 434 W, STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOEPKA, ROBERT D	
STREET ADDRESS	2170 SW 434 W, STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRISON, SHERRY	
STREET ADDRESS	2170 SR 434 W, STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PRIMERA BOULEVARD SUITE 332	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PRIMERA BOULEVARD SUITE 332	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PRIMERA BOULEVARD SUITE 332	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another life empowered.

SIGNATURE:

DONALD J HACENBERGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**DONALD J HACENBERGER****4/18/01**

Date

(407) 829-7303

Daytime Phone #

CR2E034 (10/00)