

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061461

1. Entity Name

R.V. CENTER INSURANCE, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90304 043 ***158.75

Principal Place of Business

3040 N.W. GAINESVILLE ROAD
OCALA FL 34470

Mailing Address

3040 N.W. GAINESVILLE ROAD
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

103 Camino Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Howie In The Hills, FL

4. FEI Number

59-3524335

Applied For

Not Applicable

Zip

Country

Zip

Country

34711

USA

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

ALONSO, ARMANDO
3040 N.W. GAINESVILLE ROAD
OCALA FL 34470

Name

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

103 Camino Real

City

Howie In The Hills,

FL

Zip Code

34711

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 title if applicable.

(NOTE: Registered Agent 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P / Treas.	<input type="checkbox"/> Delete
NAME	ALONSO, MANDY	
STREET ADDRESS	3040 N.W. GAINESVILLE ROAD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	ST / VP	<input type="checkbox"/> Delete
NAME	ALONSO, FRANCISCO	
STREET ADDRESS	3040 N.W. GAINESVILLE ROAD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	103 Camino Real	
CITY-ST-ZIP	Howie In The Hills, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	103 Camino Real	
CITY-ST-ZIP	Howie In The Hills, FL 34711	
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		
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 all other like empowered.

SIGNATURE:

Francisco Alonso, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

352-351-5255

Daytime Phone #

CR2E034 (10/00)