

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90017 005 \*\*\*158.75

UNIFORM A1

**DOCUMENT # P98000061461**

1. Entity Name  
**R.V. CENTER INSURANCE, INC.**

Principal Place of Business  
**3040 N.W. GAINESVILLE ROAD**  
**OCALA FL 34470**

Mailing Address  
**103 CAMINO REAL**  
**HOWIE IN THE HILLS FL 34711**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**103 Camino Real**

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

City & State  
**Howie in the Hills, FL**

City & State

4. FEI Number  
**59-3524335**

Applied For  
 Not Applicable

Zip  
**34711**

Country  
**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**

**ALONSO, ARMANDO**  
**103 CAMINO REAL**  
**HOWIE IN THE HILLS FL 34711**

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP <b>PT</b> <b>ALONSO, MANDY ARMANDO</b> <b>103 CAMINO REAL</b> <b>HOWIE IN THE HILLS FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STVP</b> <b>ALONSO, FRANCISCO</b> <b>103 CAMINO REAL</b> <b>HOWIE IN THE HILLS FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2002 352-324-3664  
 Date Daytime Phone #

CR2E034 (9/01)