

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061552

1. Entity Name

JAMISON INSURANCE AGENCY, INC.

FILED

Sep 12, 2000 8:00 am  
Secretary of State

09-12-2000 90005 032 \*\*\*550.00

Principal Place of Business

Mailing Address

604-2 NEW BERLIN ROAD  
JACKSONVILLE FL 32218

604-2 NEW BERLIN ROAD  
JACKSONVILLE FL 32218

2. Principal Place of Business

1643 E. S.R. 200

3. Mailing Address

P.O. Box 826

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

Julee, FL

City & State

Julee, FL

Zip

32097

Country

FLASSAU

Zip

32041

Country

FLASSAU

4. FEI Number

59-3522417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

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)

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**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PSTD  
NAME JAMISON, ROY I  
STREET ADDRESS 604-2 NEW BERLIN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME JAMISON, ROY I  
STREET ADDRESS P.O. Box 826  
CITY-ST-ZIP Julee, FL 32041

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Roy I Jamison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2000

Date

(904) 225-5550

Daytime Phone #

CR2E034 (5/00)