

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063663

1. Entity Name

THE ORCHID INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

2911 OCEAN DRIVE
VERO BEACH FL 32963

2911 OCEAN DRIVE
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

2801 Ocean Dr

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202B

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32963

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, KENNON
1443 20TH STREET
SUITE F
VERO BEACH FL 32960

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, 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 VS
NAME HENDRIX, C. KENNON
STREET ADDRESS 1443 20TH STREET, SUITE F
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE PT
NAME STRUVE, JOHN M
STREET ADDRESS 2911 OCEAN DR
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90012 050 ***150.00

741500



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0818753

Applied For

Not Applicable

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

CR2E034 (10/00)

4/10/01 (561) 231-2022