

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90009 029 ***150.00

DOCUMENT # P98000066130

1. Entity Name

COMMUNITY NATIONAL BANK INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
 NOKOMIS FL 34277**

**STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
 NOKOMIS FL 34277**

B0015622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0847758

Applied For

Not Applicable

Zip

Country

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

**SCHULER, L. EDWARD II
 STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
 NOKOMIS FL 34277**

Name

James S. Luck

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

1077 N. Tamiami Trail

Nokomis Village Shopping Center

City

Nokomis

FL

Zip Code

34275

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

James S. Luck, President

2/1/00

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, 2000 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 **D** ☐ Delete
 NAME **MCKELVEY, WILLIAM G**
 STREET ADDRESS **201 CENTER ROAD**
 CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE **P** ☐ Change ☒ Addition
 NAME **James S. Luck**
 STREET ADDRESS **270 S. Tamiami Trail**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** ☐ Delete
 NAME **MCKELVEY, JEANNE W**
 STREET ADDRESS **201 CENTER ROAD**
 CITY-ST-ZIP **VENICE FL 34292-3528**

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

TITLE **D** ☐ Delete
 NAME **KONDISKO, JOSEPH R**
 STREET ADDRESS **201 CENTER ROAD**
 CITY-ST-ZIP **VENICE FL 34292-3528**

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

TITLE **D** ☐ Delete
 NAME **KONDISKO, ALLANA M**
 STREET ADDRESS **201 CENTER ROAD**
 CITY-ST-ZIP **VENICE FL 34292-3528**

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

TITLE **D** ☐ Delete
 NAME **BALDINGER, ROGER L**
 STREET ADDRESS **201 CENTER ROAD**
 CITY-ST-ZIP **VENICE FL 34292-3528**

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

TITLE **P** ☒ Delete
 NAME **EDWARD, SCHULER L II**
 STREET ADDRESS **1077 TAMIAM TR. N.**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger L. Baldinger 2/1/00 (941) 497-6660

Date

Daytime Phone #