

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070562

1. Entity Name

THE INSURANCE GALLERY OF FLORIDA, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90081 046 \*\*\*150.00

Principal Place of Business

Mailing Address

6728 KEENA DR.  
NEW PORT RICHEY FL 34653

6728 KEENA DR.  
NEW PORT RICHEY FL 34653-2945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3525581

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

BRUNER-BROOKS, KONSTANCE  
6728 KEENA DR.  
NEW PORT RICHEY FL 34653

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS BRUNER-BROOKS, KONSTANCE  
CITY-ST-ZIP 6728 KEENA DR.  
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BROOKS, JACLYN  
CITY-ST-ZIP 6728 KEENA DR.  
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BROOKS, JORDON  
CITY-ST-ZIP 6728 KEENA DR.  
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BRUNER, JOCELYN  
CITY-ST-ZIP 1627 HOBSON RD.  
FORT WAYNE IN 46805

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Bruner, Jocelyn  
CITY-ST-ZIP 10034 COBURG DR  
FORT WAYNE IN 46825

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BRUNER, JASON  
CITY-ST-ZIP 10018 COBURG DR.  
FORT WAYNE IN 46825

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Bruner, Jason  
CITY-ST-ZIP 10018 COBURG DR  
FORT WAYNE IN 46825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Konstance Bruner-Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Konstance  
BRUNER-BROOKS

Date

Daytime Phone #

29 AP 00

727-  
848-4487