

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000071432**

1. Entity Name

HBH INSURANCE GROUP, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90085 036 ***150.00

0079261

Principal Place of Business

**224 FORREST AVENUE
COCOA FL 32922**

Mailing Address

**224 FORREST AVENUE
COCOA FL 32922**

2. Principal Place of Business

200 Forrest Ave.

3. Mailing Address

200 Forrest Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32922

Country

USA

Zip

32922

Country

USA

4. FEI Number

59-3529207

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUGHAN, SCOTT M ESQ
1290 FEDERAL HIGHWAY
ROCKLEDGE FL 32955**

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) ☐**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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRISON, WENDELL	
STREET ADDRESS	1102 FAIRLAWN DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUNET, JEANETTE	
STREET ADDRESS	1675 SFISKE BLVD #L-250	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEWELL, DEBORAH	
STREET ADDRESS	5921 JENKINS AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brunet, Jeannette	
STREET ADDRESS	1709 Palm Ridge Road	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Selina Anderson	
STREET ADDRESS	3465 Savannahs Trail	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/01

Date

321-632-6225

Daytime Phone #

CR2E034 (10/00)