

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072042

1. Entity Name

ARROWHEAD GENERAL INSURANCE AGENCY OF FLORIDA, I

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90012 045 \*\*\*150.00

Principal Place of Business

Mailing Address

402 W. BROADWAY  
STE 1600  
SAN DIEGO CA 92101

402 W. BROADWAY  
STE 1600  
SAN DIEGO CA 92101-8522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0819329

Applied For

Not Applicable

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

HQ CORPORATE SERVICES, INC.  
SUITE 200, 526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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 PD  
NAME HILKENNY, PATRICK J  
STREET ADDRESS 500 WEST HARBOR DR #1301  
CITY-ST-ZIP SAN DIEGO CA 92101 ☐ Delete

TITLE PD  
NAME Kilkenney, Patrick J.  
STREET ADDRESS 402 West Broadway, #1600  
CITY-ST-ZIP San Diego, CA 92101 ☒ Change ☐ Addition

TITLE SD  
NAME HARMON, MARION  
STREET ADDRESS P O BOX 7271  
CITY-ST-ZIP RANCHO SANTA CA 92067 ☐ Delete

TITLE SD  
NAME Harmon, Marianne  
STREET ADDRESS 402 West Broadway, #740  
CITY-ST-ZIP San Diego, CA 92101 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Marianne Harmon*

Marianne Harmon

1/13/00

Date

619-744-0600

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)