

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000074809**1. Entity Name
USAA INSURANCE AGENCY, INC.Principal Place of Business
17200 COMMERCE PARK BLVD.
TAMPA FL 33647
Mailing Address
17200 COMMERCE PARK BLVD.
TAMPA FL 33647

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
59-3535925
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.PLANTATION FL
33324 US

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 _____ 01/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|----------------|------------------------|--|---------------------------------|
| TITLE | V | | <input type="checkbox"/> Delete |
| NAME | HOAGLAND ROBERT L | | |
| STREET ADDRESS | 927 FABULOUS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78213 | | |
| TITLE | VS | | <input type="checkbox"/> Delete |
| NAME | HOLTKAMP RONALD W | | |
| STREET ADDRESS | 9302 YORK CREEK CIRCLE | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78230 | | |
| TITLE | V | | <input type="checkbox"/> Delete |
| NAME | CLEMENTS BRUCE W | | |
| STREET ADDRESS | 325 BRANCH OAK WAY | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78230 | | |
| TITLE | DP | | <input type="checkbox"/> Delete |
| NAME | CALVELLI JOSEPH S | | |
| STREET ADDRESS | 110 BOX OAK | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78230 | | |
| TITLE | D | | <input type="checkbox"/> Delete |
| NAME | ROBLES JOSUE JR | | |
| STREET ADDRESS | 34 ROYAL GARDENS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78248 | | |
| TITLE | DC | | <input type="checkbox"/> Delete |
| NAME | RICH BRADFORD W | | |
| STREET ADDRESS | 6 CLUBHOUSE GREEN | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78257 | | |

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 | AVT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLAR THERESA A | |
| STREET ADDRESS | 8810 WICKERSHAM | |
| CITY-ST-ZIP | SAN ANTONIO TX 78254 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: BRUCE W. CLEMENTS

V

01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)