

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082631

1. Entity Name

CROSS ROADS UNDERWRITERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90198 040 \*\*\*150.00

Principal Place of Business

Mailing Address

140 250 ST  
NEWBERRY FL 32669

PO BOX 500  
NEWBERRY FL 32669-0500

2. Principal Place of Business

3. Mailing Address

140 SW 250 ST

P.O. Box 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

4. FEI Number

59-3550048

Applied For

Not Applicable

Zip

32669-0500

Country

ALABAMA

Zip

32669-0500

Country

ALABAMA

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

6. Name and Address of Current Registered Agent

MCCONNELL, ROBERT L  
2905 SW 298 ST  
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name Robert L. McConnell

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

6620 NW 13th St.

City

Gainesville

FL

Zip Code

32653-1054

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

Robert L. McConnell

4-20-00

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

TITLE ST  
NAME MCCONNELL, ROBERT  
STREET ADDRESS 2905 SW 298 ST 6620 NW 13th St  
CITY-ST-ZIP NEWBERRY FL 32669 Gainesville, FL 32653

TITLE P  
NAME MCCONNELL, GWENDOLYN  
STREET ADDRESS 2905 SW 298 ST 6620 NW 13th St  
CITY-ST-ZIP NEWBERRY FL 32669 Gainesville, FL 32653

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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:

Robert L. McConnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

352-472-7771

Daytime Phone #

CR2E034 (9/99)