

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082631

1. Entity Name

CROSS ROADS UNDERWRITERS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90126 035 ***150.00

Principal Place of Business

140 250 ST
NEWBERRY FL 32669

Mailing Address

PO BOX 500
NEWBERRY FL 32669

2. Principal Place of Business

140 SW 250 ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 500
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Newberry, FL
Zip 32669

City & State

Zip Country

4. FEI Number 59-3550048

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

MCCONNELL, ROBERT L
6620 NW 13TH ST
GAINESVILLE FL 32653

Name STEVEN CHRYSLER / ZIN
Street Address (P.O. Box Number is Not Acceptable)
618 NE First Street
City Gainesville, FL Zip Code 32601-5305

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 ST

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCONNELL, ROBERT	
STREET ADDRESS	8620 NW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCONNELL, GWENDOLYN	
STREET ADDRESS	8620 NW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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: Robert L. McConnell ST Robert L. McConnell ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-18-01

352-472-7771

CR2E034 (10/00)