

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90001 031 \*\*\*158.75

DOCUMENT # P98000082782

1. Entity Name

BLOUNT INSURANCE AGENCY, INC.

Principal Place of Business

121 RAILROAD AVE  
BLOUNTSTOWN FL 32424

Mailing Address

121 RAILROAD AVE  
BLOUNTSTOWN FL 32424

2. Principal Place of Business

20667 NE RAILROAD AVE

Suite, Apt. #, etc.

Suite 2

City & State

BLOUNTSTOWN FL

Zip

32424

Country

CALHOUN

3. Mailing Address

20667 NE RAILROAD AVE

Suite, Apt. #, etc.

Suite 2

City & State

BLOUNTSTOWN FL

Zip

32424

Country

CALHOUN



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3535797

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAND, CARLA A

~~1000 MAGNOLIA AVE~~

BLOUNTSTOWN FL 32424

21337 NE Van Hierop Rd

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.

Change of  
address only  
2-13-2001

SIGNATURE

Carla A Hand

Carla A Hand

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 ☐ Delete  
NAME P  
STREET ADDRESS HAND, CARLA A  
CITY-ST-ZIP RT 2 BOX 850-H VAN LIEROP RD  
BLOUNTSTOWN FL 32424

TITLE ☐ Delete  
NAME S  
STREET ADDRESS VAN LIEROP, DWIGHT E  
CITY-ST-ZIP RT 1 BOX 177 HWY 275 S  
BLOUNTSTOWN FL 32424

TITLE ☒ Delete  
NAME T  
STREET ADDRESS BRACEWELL, MARY E  
CITY-ST-ZIP RT 3 BOX 385 HESTER LANE  
BRISTOL FL 32321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 21337 NE VAN LIEROP RD  
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12998 SW CR 275  
CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

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

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

TITLE ☐ Change ☐ 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:

Carla A Hand

Carla A Hand

Date

Daytime Phone #

2-13-01 850 674 9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)