

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103046

1. Entity Name

ADVANCED UNDERWRITERS GROUP OF FLORIDA, INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90028 010 ***550.00

Principal Place of Business

150 WESTWARD DR.
 MIAMI SPRINGS FL 33166

Mailing Address

150 WESTWARD DR.
 MIAMI SPRINGS FL 33166

2975 Bee Ridge Rd. Ste. D
 Sarasota, FL 34239

2. Principal Place of Business

2975 Bee Ridge Rd.

3. Mailing Address

2975 Bee Ridge Rd.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

Sarasota

Zip

34239

Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1377686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MICHAEL S
 2975 BEE RIDGE ROAD
 SUITE D
 SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name - Dennis Geers
 Street Address (P.O. Box Number is Not Acceptable)
 2975 Bee Ridge Rd.
 Suite D
 City Sarasota FL Zip Code 34239

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]

Dennis Geers

8-1-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GREEN, RAMON J	
STREET ADDRESS	1700 W. MORTON AVE., STE. 200	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEERS, DENNIS J	
STREET ADDRESS	43 IVYWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, TOM	
STREET ADDRESS	150 WESTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, THOMAS D III	
STREET ADDRESS	RR1	
CITY-ST-ZIP	ROODHOUSE IL 62082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6956 Country Lakes Circle	
STREET ADDRESS	Sarasota, FL 34243	
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		
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)(l), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

941-923-6752

Daytime Phone #

CR2E034 (5/00)