

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90155 016 ***150.00

DOCUMENT # **P98000103046**

Entity Name

ADVANCED UNDERWRITERS GROUP OF FLORIDA, INC.

Principal Place of Business

**2975 BEE RIDGE RD
SUITE D
SARASOTA FL 34239**

Mailing Address

**2975 BEE RIDGE RD
SUITE D
SARASOTA FL 34239**

Principal Place of Business

150 N. Westmonte Dr.
Suite, Apt. #, etc.

3. Mailing Address

3010 N. Sterling
Suite, Apt. #, etc.

City & State

Westmonte Springs, FL

City & State

PEORIA, IL

Zip

2716

Country

USA

Zip

61604

Country

PEORIA

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

**GEERS, DENNIS
2975 BEE RIDGE RD
SUITE D
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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, 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, 2002 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 **D** ☐ Delete
NAME **GREEN, RAMON J**
STREET ADDRESS **1700 W. MORTON AVE., STE. 200**
CITY-ST-ZIP **JACKSONVILLE IL 62650**

TITLE **D** ☐ Delete
NAME **GEERS, DENNIS J**
STREET ADDRESS **6956 COUNTRY LAKES CIR**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Delete
NAME **MEEHAN, THOMAS D III**
STREET ADDRESS **RR1**
CITY-ST-ZIP **ROODHOUSE IL 62082**

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
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

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

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

3. 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:

RAMON GREEN

1/29/02

561-848-1491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)