

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105257

1. Entity Name

ACCESS INSURANCE CORPORATION

Principal Place of Business

425 W. HOLLYWOOD BLVD., SUITE D
MARY ESTHER FL 32569

Mailing Address

425 W. HOLLYWOOD BLVD., SUITE D
MARY ESTHER FL 32569

2. Principal Place of Business

11 RACETRACK ROAD

3. Mailing Address

11 RACETRACK ROAD

Suite, Apt. #, etc.
BLDG G.

Suite, Apt. #, etc.
BLDG G.

City & State
FT WALTON BEACH, FL

City & State
FT WALTON BCH., FL

Zip
32547

Country
USA

Zip
32547

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3559740

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

CLARK, EARL J
425 W. HOLLYWOOD BLVD., SUITE D
MARY ESTHER FL 32569

Name

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

11 RACETRACK RD., BLDG G
FT WALTON BEACH, FL 32547

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, EARL J 425 W. HOLLYWOOD BLVD. MARY ESTHER FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BROWN, ROBERT L JR 11 RACETRACK RD., BLDG G FT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT L JR. 425 W. HOLLYWOOD BLVD. MARY ESTHER FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEUTIVE VICE PRESIDENT CLARK, EARL J 11 RACETRACK RD., BLDG G FT WALTON BCH., FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT BROWN, ROBERT L. SR 11 RACETRACK RD., BLDG G FT WALTON BCH., FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)