

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001226

1. Entity Name

FLORIDA ALLIANCE INSURANCE INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90058 019 \*\*\*158.75

Principal Place of Business

Mailing Address

14308-D N DALE MABRY HWY  
TAMPA FL 33618

14308-D N DALE MABRY HWY  
TAMPA FL 33618-2051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3555 839

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SIMPSON, JERRY M  
14308-D N DALE MABRY HWY  
TAMPA FL 33618

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.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dennis Gorrebeek
STREET ADDRESS		STREET ADDRESS	14308-D N. Dale Mabry Hwy
CITY-ST-ZIP		CITY-ST-ZIP	Tampa FL 33618
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Jerry Simpson Jr.
CITY-ST-ZIP		CITY-ST-ZIP	14308-D N. Dale Mabry Hwy
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00

813-265-4045

CR2E034 (9/99)