

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001823

1. Entity Name

JIM BEZDEK INSURANCE AGENCY, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90063 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1370 S TAMiami TRAIL  
VENICE FL 34293

1978 S TAMiami TRAIL  
VENICE FL 34293-5006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BETTERTON, GREG  
915 S TAMiami TRAIL  
NOKOMIS FL 34275

4. FEI Number

65-0886583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Jim Bezdek

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

1978 S. Tamiami Trail

City

Venice

FL

Zip Code

34293

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

*Jim Bezdek*

Jim Bezdek, President

02/14/00

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BEZDEK, JIM	1978 S TAMiami TRAIL	VENICE FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President				<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. PRESIDENT	JAMES O. BEZDEK	1978 S. TAMiami TRAIL	VENICE FL 34293	<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BARBARA BEZDEK	1978 S. TAMiami TRAIL	VENICE FL 34293	<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	TAMARA BEZDEK WUELLNER	1978 S. TAMiami TRAIL	VENICE FL 34293	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jim Bezdek*

JIM BEZDEK, PRES. 2/14/00

941/493-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)