

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002877

1. Entity Name
DEAN INSURANCE AGENCY II, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 011 ***150.00

Principal Place of Business: 940 HIGHLAND AVE. ORLANDO FL 32803
Mailing Address: P.O. BOX 3268 ORLANDO FL 32802-3268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 330 N. Westmonte Drive, Suite 2100, Altamonte Springs, FL 32714, Seminole
3. Mailing Address: 230 N. Westmonte Drive, Suite 2100, Altamonte Springs, FL 32714, Seminole

4. FEI Number: 59-3553231
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: TURNER, DEBORAH J, 4500 SAILBREEZE CT., ORLANDO FL 32810

7. Name and Address of New Registered Agent: 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: _____ (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: PD NAME: Deborah J. Turner STREET ADDRESS: 4500 Sailbreeze Ct. CITY-ST-ZIP: Orlando, FL 32810	<input type="checkbox"/> Delete
TITLE: STD NAME: Ann A. Geisler STREET ADDRESS: 4625 Tinsley Dr. CITY-ST-ZIP: Orlando, FL 32839	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: Deborah J Turner Date: 2/2/00 Daytime Phone #: 407-865-7477

CR2E034 (9/99)