

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90132 049 \*\*\*150.00

**DOCUMENT # P99000008111**

1. Entity Name

**MCHENRY INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

524 B. HIGHWAY 90 EAST  
 DEFUNIAK SPRINGS FL 32433

524 B. HIGHWAY 90 EAST  
 DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

1066 Freeport Hwy.  
 Suite, Apt. #, etc.

3. Mailing Address

1066 Freeport Hwy.  
 Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL -

4. FEI Number

59-3567840

Applied For

Not Applicable

Zip

32433

Country

Walton

Zip

32433

Country

Walton

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCHENRY, JAMES R**  
**608 TWIN LAKE DRIVE**  
**DEFUNIAK SPRINGS FL 32433**

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

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  Delete  
 NAME **D**  
**MCHENRY, JAMES R**  
 STREET ADDRESS **668 TWIN LAKE DRIVE**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MCHENRY, ROSEMARY S**  
 STREET ADDRESS **668 TWIN LAKE DRIVE**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP


TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:  James R. McHenry  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/26/00 (850) 892-2134  
 Daytime Phone #

CRZE034 (9/99)