

2000 UNIFORM BUSINESS REPORT (UBR)

0407716

DOCUMENT # P99000009869

1. Entity Name
MERRITT SCOTT INS., INC.

Principal Place of Business Mailing Address

**1514-B EAST FOWLER AVE.
TAMPA FL 33612**

**1514-B EAST FOWLER AVE.
TAMPA FL 33612-5416**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

HALLANDALE, FLORIDA

Zip Country Zip Country

33009 BROWARD

6. Name and Address of Current Registered Agent

**TALIAFERRO, ROBIN
4702 FOXWOOD BLVD.
WESLEY CHAPEL FL 33543**

FILED

00 OCT 18 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT *2000*

4. FEI Number Applied For

59-3553587 Not Applicable

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

☒ ☐

7. Name and Address of New Registered Agent

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

PETER F. DEBELLO

212 NORTH FEDERAL HWY

City FL Zip Code

HALLANDALE 33009

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 **PETER F. DEBELLO** *Peter F. DeBello* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	<input checked="" type="checkbox"/> Delete		TITLE	PT. PETER F. DEBELLO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALIAFERRO, ROBIN A			NAME	212 NORTH FEDERAL HWY		
STREET ADDRESS	4702 FOXWOOD BLVD.			STREET ADDRESS	HALLANDALE, FL. 33009		
CITY-ST-ZIP	WESLEY CHAPEL FL 33653			CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSE, CATHY K			NAME	212 NORTH FEDERAL HWY - 4		
STREET ADDRESS	3914 N. LYNN AVE.			STREET ADDRESS	HALLANDALE, FL. 33009		
CITY-ST-ZIP	TAMPA FL 33603			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			
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: **PETER F. DEBELLO** *Peter F. DeBello* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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