

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019631

1. Entity Name

SCHULTZ INSURANCE GROUP, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90014 040 ***150.00

Principal Place of Business

C/O ALLSTATE INSURANCE COMPANY
3506 S. UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

C/O ALLSTATE INSURANCE COMPANY
3506 S. UNIVERSITY DRIVE
DAVIE FL 33328

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

65-0898038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, HERBERT S
C/O ALLSTATE INSURANCE COMPANY
3506 S. UNIVERSITY DRIVE
DAVIE FL 33328

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P/S Herbert S. Schultz
STREET ADDRESS 236 Landings Blvd
CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V/T Denise M. Schultz
STREET ADDRESS 236 Landings Blvd
CITY-ST-ZIP Weston, FL 33327

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

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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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00
Date

(954) 370-1500
Daytime Phone #

Attachment
DHP9900019631
DW 7/6/21

Schultz Insurance Group, Inc.
3506 S. University Drive
Davie, FL 33328
(954)370-1500

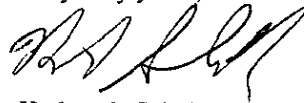
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Attached is a copy of the Uniform Business Report for Schultz Insurance Group, Inc. (FEIN 650-0898038) along with our check for \$150 payable to Secretary of State. This company was first incorporated in 1999 and we have no record of receiving notification of our requirement to file an Annual Report. When I called the Division to ask about this, I was told to pay the \$150, file the UBR Form and write this letter.

Please contact me if there is any problem with the standing of our Corporation. Thank you.

Very truly yours,



Herbert S. Schultz
President