

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030044

1. Entity Name

STATEWIDE FAMILY INSURANCE SERVICES CORP

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90291 007 ***158.75

Principal Place of Business

Mailing Address

551 PINE RANCH EAST ROAD
OSPREY FL 34229

551 PINE RANCH EAST ROAD
OSPREY FL 34229-8970

2. Principal Place of Business

871 VENETIA BAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 200

City & State

VENICE, FL

City & State

Zip

34292

Country

USA

Zip

Country

4. FEI Number

65-0907174

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

NANCY A BYRNE

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

551 PINE RANCH EAST RD

City

OSPREY

FL

Zip Code

34229

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 NANCY A. BYRNE

Signature, typed or printed name of registered agent and title if applicable.

Nancy A. Byrne

(NOTE: Registered Agent signature required when reinstating)

1-24-00

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 P
NAME BYRNE, MICHAEL K
STREET ADDRESS 551 PINE RANCH EAST ROAD
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE V
NAME ZOLLERS, JEREMY F
STREET ADDRESS 469 YACHT HARBOUR DR
CITY-ST-ZIP OSPREY, FL 34229 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/S
NAME BYRNE, NANCY A
STREET ADDRESS 551 PINE RANCH EAST RD
CITY-ST-ZIP OSPREY, FL 34229 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michael K. Byrne *Michael K Byrne* 3/31/00 941-9660937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)