

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90138 012 ***150.00

DOCUMENT # P99000036377

1. Entity Name
CENTRAL FLORIDA INSURANCE GROUP, INC.

Principal Place of Business Mailing Address
5972 HIGH GLEN DR. **5972 HIGH GLEN DR.**
LAKELAND FL 33813 **LAKELAND FL 33813**

00030339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1018 Heartland Circle **1018 Heartland Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mulberry FL **Mulberry FL**

4. FEI Number Applied For
59-3571834 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33860 **33860**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAXWELL, STEVEN W 5972 HIGH GLEN DR. LAKELAND FL 33813		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
1018 Heartland Circle Mulberry, FL 33860			

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 _____ 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**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, STEVEN W 5972 HIGH GLEN DR. LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAXWELL, BONNY S 5972 HIGH GLEN DR. LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bonny S. Maxwell **Bonny S. Maxwell** 4/14/01 863-109-1816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)