

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036819

1. Entity Name

M. ROWE INSURANCE GROUP, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90086 007 \*\*\*150.00

Principal Place of Business

Mailing Address

378 WHOOPING LOOP SUITE 1222  
ALTAMONTE SPRINGS FL 32701

378 WHOOPING LOOP SUITE 1222  
ALTAMONTE SPRINGS FL 32701-3442

2. Principal Place of Business

3. Mailing Address

378 CENTER POINTE CIRCLE  
SUITE 1222

378 CENTER POINTE CIRCLE  
SUITE 1222



DO NOT WRITE IN THIS SPACE

City & State  
ALTAMONTE SPRINGS, FL.

City & State  
ALTAMONTE SPRINGS, FL.

4. FEI Number  
59-3636230

Applied For  
Not Applicable

Zip  
32701

Country  
SEMINOLE

Zip  
32701

Country  
SEMINOLE

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

ROWE, MINNICK JR  
378 WHOOPING LOOP SUITE 1222  
ALTAMONTE SPRINGS FL 32701

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 *Minnick Rowe Jr.* MINNICK ROWE JR. 4-1-2000

(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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT/GENERAL MANAGER  
MINNICK ROWE JR.  
378 CENTER POINTE CIRCLE SUITE 1222  
ALTAMONTE SPRINGS, FL. 32701

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: *Minnick Rowe Jr.* MINNICK ROWE JR. 4-1-2000 407-260-6011

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)