

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040273

1. Entity Name

INSURANCE MANAGEMENT CORPORATION OF SOUTHWEST FL

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90014 026 ***150.00

Principal Place of Business

Mailing Address

6451 MORGAN LA FEE LANE
FORT MYERS FL 33914

6451 MORGAN LA FEE LANE
FORT MYERS FL 33912-1644

2. Principal Place of Business

1850 Boy Scout Drive

3. Mailing Address

P. O. Box 60043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A101

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33907

Country

USA

Zip

33906

Country

USA

4. FEI Number

65-0918523

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

NELSON, JOHN J
6451 MORGAN LA FEE LANE
FORT MYERS FL ~~33914~~ 33912

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

John J Nelson
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 PVST ☐ Delete
NAME NELSON, JOHN J
STREET ADDRESS 6451 MORGAN LA FEE LANE
CITY-ST-ZIP FORT MYERS FL 33914

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP zip: 33912

TITLE D ☒ Delete
NAME NELSON, JOHN J
STREET ADDRESS 6451 MORGAN LA FEE LANE
CITY-ST-ZIP FORT MYERS FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☐ Change ☒ Addition
NAME R. Mark Webb
STREET ADDRESS 15 Baywood Court
CITY-ST-ZIP Fort Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition
NAME Bradford C. Child
STREET ADDRESS 3311 SE 19th Avenue
CITY-ST-ZIP Cape Coral, FL 33904

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: *John J Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/00

Date

(941) 931-5600

Daytime Phone #

CR2E034 (9/99)