

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054829

1. Entity Name
NORTH FLORIDA INSURANCE CENTER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90422 050 ***150.00

Principal Place of Business
2908 NORTHMONT DR.
TALLAHASSEE FL 32303

Mailing Address
2908 NORTHMONT DR.
TALLAHASSEE FL 32303-2830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Tallahassee, FL

3. Mailing Address

Suite, Apt. #, etc.
221 Delta Ct. #4

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32303

Country
US

Zip
32303

Country

4. FEI Number
59-3583019

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

BIBBEE, JULIE
2908 NORTHMONT DR.
TALLAHASSEE FL 32303

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 \$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	D MCCREADIE, BRUCE M 2908 NORTHMONT DR. TALLAHASSEE FL 32303	<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	D HARRISON, B. LEE JR. 2908 NORTHMONT DR. TALLAHASSEE FL 32303	<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: Julie G. Bibbee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 850-562-9075
Date Daytime Phone #

CR2E034 19/991