## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 24, 2000 8:00 am Secretary of State DOCUMENT # P9900060560 1. Entity Name FLORIDA CHARTERED INSURANCE GROUP, INC. 07-24-2000 90015 008 \*\*\*150.00 Principal Place of Business Mailing Address 460 NORTH C.R. 427 460 NORTH C.R. 427 SUITE 130 SUITE 130 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3590656 Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TONEY, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 460 NORTH C.R. 427 **SUITE 130** LONGWOOD FL 32750 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D, V. 7 ☐ Addition TITLE Change Change TITLE Delete TONEY, KENNETH R TONEY, KENNETH R NAME NAME 460 NORTH C.R. 427, SUITE 130 STREET ADDRESS 460 NORTH C.R. 427, SUITE 130 STREET ADDRESS LUNG-WOOD FL 32750-4190 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 p ☐ Change (★Addition ☐ Delete TITLE TITLE MICHELE C. TONEY NAME 460 NOATH C.R. 427, SUITE 130 STREET ADDRESS STREET ADDRESS LONG-WOOD FL 32750 - 4190 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **∏** Addition TITLE TITLE ☐ Delete DOLURES M. CINTRON\_ -NAME : NAME 460 NORTH C.R. 427, SUITE 130 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750-4190 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete T(T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

DOLURES CINTRON

SIGNATURE: 🔑

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July 19, 2000

Florida Department of State Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee FL 32302-1500

Dear Sir or Madam:

Re: 2000 Uniform Business Report, FEIN 59-3590656

Enclosed are the referenced report and a check for \$150. I called the Division of Corporations today to ask for a waiver of the late fee because the business did not receive the report prior to the due date. I spoke to Mike, who told me to pay only the \$150 and include a letter of explanation. Please advise if there is anything else you need. Thank you for your assistance.

Very truly yours,

Dolores M. Cintron

Secretary-Treasurer

**Enclosures 2** 

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