

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086381**

1. Entity Name

FINANCIAL ADVISORY & INSURANCE COUNSEL, INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90099 032 ***150.00

Principal Place of Business

Mailing Address

**6552 SOUTH HWY ONE
PORT ST LUCIE FL 34952****6552 SOUTH HWY ONE
PORT ST LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

642 NE Jensen Beach Blvd. 642 NE Jensen Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

4. FEI Number

65-0956698

Applied For

Not Applicable

Zip

34957

Country

Martin

Zip

34957

Country

Martin5. 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

**TWOHEY, CHRISTOPHER J
BAUER & TWOHEY, PA
312 DENVER AVE
STUART FL 34994**

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	President/Secretary	<input type="checkbox"/> Delete
NAME	Pamela H. Crew	
STREET ADDRESS	2405 S. Wilderness DR.	
CITY-ST-ZIP	Ft. Pierce, FL 34982	

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

TITLE	Vice Pres/Treasurer	<input type="checkbox"/> Delete
NAME	Lori M. Hemings	
STREET ADDRESS	9059 S.W. Imperial Dr.	
CITY-ST-ZIP	Palm City, FL 34990	

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

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

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

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE **Pamela H. Crew, Pres.**

Date

Daytime Phone #

4/27/2000 (561) 334-0990

CR2E034 1/99