

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000091241

1. Entity Name

GLOBE INSURANCE AGENCY, INC.

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

05-01-2000 90017 048 \*\*\*150.00

Principal Place of Business

Mailing Address

5001 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

5001 CENTRAL AVENUE  
ST. PETERSBURG FL 33710-8240

2. Principal Place of Business

3. Mailing Address

Mel Kaplani

5001 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5001 CENTRAL AVE

ST. PETERSBURG

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG

4. FEI Number

X SA-360 4444

Applied For

Not Applicable

Zip

Country

Zip

Country

33710

Pinellas

33710

Pinellas

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

MALONEY, JOHN L.  
3663 CENTRAL AVENUE  
ST. PETERSBURG FL 33713

Name

medi Kaplani

Street Address (P.O. Box Number is Not Acceptable)

5001 CENTRAL

City

ST. PETERSBURG FL

Zip Code

33710

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

*Mel Kaplani*

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	D PC	<input type="checkbox"/> Delete
NAME	KAPLANI, MEL	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	UTS	<input type="checkbox"/> Delete
NAME	Blanche Kaplani	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	V	<input type="checkbox"/> Delete
NAME	medi Kaplani	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	S	<input type="checkbox"/> Delete
NAME	Deborah ELKINS	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanche Kaplani	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	medi Kaplani	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah ELKINS	
STREET ADDRESS	5001 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Mel Kaplani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00