

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/11/00

**DOCUMENT # P99000105623**

1. Entity Name  
**CITIFINANCIAL INSURANCE AGENCY OF FLORIDA, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90264 012 \*\*\*150.00

Principal Place of Business      Mailing Address  
**307 WEST 7TH STREET  
SUITE 500  
FORT WORTH TX 76102**      **307 WEST 7TH STREET  
SUITE 500  
FORT WORTH TX 76102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**75-2856468**      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HATCH, JOHN D  
840 S.E. 5TH STREET  
OCALA FL 34471**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	<b>President/Director</b>
STREET ADDRESS	<b>Richard C. Agnello</b>
CITY-ST-ZIP	<b>307 West 7th St Ft. Worth, TX 76102</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>John D. Hatch</b>
CITY-ST-ZIP	<b>840 S.E. St Ocala, FL 34471</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer</b>
STREET ADDRESS	<b>Paula D. Darkin</b>
CITY-ST-ZIP	<b>307 West 7th St Ft. Worth, TX 76102</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V President &amp; Asst. Sec.</b>
STREET ADDRESS	<b>M. Deane Bigdon</b>
CITY-ST-ZIP	<b>307 West 7th St Ft. Worth, TX 76102</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Asst. Secretary</b>
STREET ADDRESS	<b>John J. Jones</b>
CITY-ST-ZIP	<b>300 St. Paul Place Baltimore, MD 21202</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deane Cook / Director</b>
STREET ADDRESS	<b>307 West 7th St</b>
CITY-ST-ZIP	<b>Ft. Worth, TX 76102</b>

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 L. Jones      Date: 4/11/00      Daytime Phone #: (407) 332-3000

CP12E034 (9/99)