

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13565

1. Entity Name

A ABACUS MR. AUTO INSURANCE OF SOUTH FT. MYERS,

Principal Place of Business

5240 BANK ST  
STE 16  
FT MYERS FL 33907  
US

Mailing Address

5240 BANK ST  
STE 16  
FT MYERS FL 33907-2110  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90044 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

LINDBACK, DAVID C.  
5240 BANK ST  
STE 16  
FT. MYERS FL 33907

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

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

TITLE	C	<input type="checkbox"/> Delete
NAME	LINBACK, DAVID C	
STREET ADDRESS	920 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	LINDBACK, DAVID C.	
STREET ADDRESS	920 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINDBACK, GLORIA R.	
STREET ADDRESS	2374 WICKHAM DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDBACK, CHARLES G	
STREET ADDRESS	1202 SPANISH CAY APT. A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDBACK, REHMERT C	
STREET ADDRESS	9208 60TH AVE. N	
CITY-ST-ZIP	MINNEAPOLIS MN 55428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00