

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57038

1. Entity Name

MICHAEL P. FEHILY INSURANCE CONSULTANTS, INC.

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 91159 005 \*\*\*550.00

0415725

Principal Place of Business

1715 STICKNEY PT RD  
A12  
SARASOTA FL 34231  
US

Mailing Address

5643 MIDNIGHT PASS RD  
912  
SARASOTA FL 34242  
US

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 65-0268738

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FEHILY, MICHAEL P.  
5643 MIDNIGHT PASS RD  
912  
SARASOTA FL 34242

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!**  
After MAY 1, 2001 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 D  
NAME FEHILY, MICHAEL P  
STREET ADDRESS 5643 MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL

TITLE ST  
NAME FEHILY, JOHN  
STREET ADDRESS 2000 TANGLEWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE V  
NAME FEHILY, THOMAS  
STREET ADDRESS 5619 BENTCREEK TR  
CITY-ST-ZIP DALLAS TX 75252

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 #

CR2E034 (10/00)

553796



DO NOT WRITE IN THIS SPACE

*Michael P. Fehily* Michael P. Fehily 5-18-01 941-921-2238