

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03728

1. Entity Name

TUCKER LIFE-HEALTH INSURANCE AGENCY, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90006 044 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1235
CRAWFORDVILLE FL 32326-8235

P.O. BOX 1235
CRAWFORDVILLE FL 32326-1235

2. Principal Place of Business

3. Mailing Address

2219 Crawfordville Hwy
Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.

City & State
Crawfordville FL

City & State
FL

Zip
32326

Country
Wakulla

Zip

Country

4. FEI Number
59-3101412

Applied For
Not Applicable

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

TUCKER, ROSS E.
US HWY 319 N
CRAWFORDVILLE FL 32326

Name

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

2219 Crawfordville Hwy, #2

City

Crawfordville

FL

Zip Code

32327

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 *Ross E. Tucker*
Signature, typed or printed name of registered agent and title if applicable.

ROSS E. TUCKER, AGENT
Lic. # 228761496

1-20-00

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	P	<input type="checkbox"/> Delete
NAME	TUCKER, ROSS E.	
STREET ADDRESS	US HWY 319 N	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, GLORIA B.	
STREET ADDRESS	RT 5 BOX 2134	
CITY-ST-ZIP	CRAWFORDVILLE FL	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2219 Crawfordville Hwy #2
CITY-ST-ZIP	Crawfordville, FL - 32327
TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross E. Tucker
STREET ADDRESS	2219 Crawfordville Hwy
CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross E. Tucker
STREET ADDRESS	2219 Crawfordville Hwy
CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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: *Ross E. Tucker* SIGNATURE REQUIRED ROSS E. TUCKER, AGENT
Lic. # 228761496

1-20-00 850-926-2200

Date

Daytime Phone #

CR2E034 (9/99)