

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03915

1. Entity Name

SOUTH MARION INSURANCE AGENCY, INC.

Principal Place of Business

5713 SE ABSHIER BLVD  
BELLEVUE FL 34420  
US

Mailing Address

PO BOX 3220  
BELLEVUE FL 34421  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3097831

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

LAFRANCE, ELAINE C.  
5713 SE ABSHIER BLVD.  
BELLEVUE FL 34420

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!!! FEE IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LAFRANCE, ELAINE C.  
STREET ADDRESS 5713 SE ABSHIER BLVD.  
CITY-ST-ZIP BELLEVUE FL

☐ Delete

TITLE ST  
NAME BIELLING, EDWARD R.  
STREET ADDRESS RT. 4 BOX 463  
CITY-ST-ZIP HAWTHORNE FL

☐ Delete

TITLE V  
NAME BIELLING, VIVIAN M.  
STREET ADDRESS RT. 4 BOX 463  
CITY-ST-ZIP HAWTHORNE FL

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TITLE  
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☐ Change ☐ Addition

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:

ELAINE C. LaFrance ELAINE C. LaFrance

3/9/01

352 245-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)