

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36065

1. Entity Name

ANCIENT CITY INSURANCE, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90093 033 \*\*\*150.00

Principal Place of Business

Mailing Address

804 ANASTASIA BLVD  
 SUITE C  
 ST AUGUSTINE FL 32084  
 US

2741 CLAIRE LANE  
 JACKSONVILLE FL 32223-6602  
 US

2. Principal Place of Business

2600 U.S. 1 SOUTH  
 SUITE # 3

3. Mailing Address

2741 CLAIRE LANE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FLORIDA

City & State

JACKSONVILLE, FL

4. FEI Number

59-3156309

Applied For

Not Applicable

Zip

Country

32086 U.S.A.

Zip

Country

32223 - USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEANEY, GEORGE F., III  
 2741 CLAIRE LN  
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

GEORGE F. HEANEY

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HEANEY, GEORGE F., IV	2741 CLAIRE LN	JACKSONVILLE FL	<input type="checkbox"/>
D	HEANEY, GEORGE F., III	2741 CLAIRE LN	JACKSONVILLE FL	<input type="checkbox"/>
D	HEANEY, MARY	2741 CLAIRE LN	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

George F. Heaney, III

April 27, 2000 (904) 855-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)