

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60988

1. Entity Name

A & L INSURANCE, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90094 034 ***150.00

Principal Place of Business

6 CASA RIO DR
ENGLEWOOD FL 34223
US

Mailing Address

6 CASA RIO DR
ENGLEWOOD FL 34223
US

2. Principal Place of Business

ENGLEWOOD FL 34223
FLORIDA, 34223

3. Mailing Address

6 CASA RIO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD, FL

Zip

34223

Country

SARASOTA

Zip

34223

Country

SARASOTA

4. FEI Number

59-3141870

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONAHUE, ARTHUR R.
6 CASA RIO DRIVE
ENGLEWOOD FL 34223

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

Arthur R Donahue

4-2-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONAHUE, ARTHUR R.	
STREET ADDRESS	6 CASA RIO DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	DONAHUE, LOUISE	
STREET ADDRESS	6 CASA RIO DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHUE, LOUISE	
STREET ADDRESS	6 CASA RIO DR.	
CITY-ST-ZIP	ENGLEWOOD 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

Arthur R Donahue ARTHUR R DONAHUE

Date

Daytime Phone #

941-475-7013
4-2-01

CR2E034 (10/00)