

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000003154

Entity Name: FLORIDA HOMEBUYERS INSURANCE, INC.**Current Principal Place of Business:**6696 7TH AVE. CIR. W.
BRADENTON, FL 34209**Current Mailing Address:**6696 7TH AVE. CIR. W.
BRADENTON, FL 34209 US**FEI Number:** 65-0378866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLANZ, REYNOLD L
6696 7TH AVE. CIR. W
BRADENTON, FL 34209 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GLANZ, REYNOLD L
Address	40490 DESERT CREEK LN
City-State-Zip:	RANCHO MIRAGE CA 92270

Title	TREASURER
Name	WHELESS, LACINDA D
Address	6696 7TH AVE. CIR. W.
City-State-Zip:	BRADENTON FL 34209

Title	VP
Name	GRUMBLEY, DANA L
Address	1001 TROPICAL DRIVE
City-State-Zip:	BRADENTON FL 34208

Title	SECRETARY
Name	GLANZ, JORDAN R
Address	201 63RD STREET WEST
City-State-Zip:	BRADENTON FL 34209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REYNOLD L GLANZ**DIRECTOR****07/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date