

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90229 017 \*\*\*150.00

0082197

**DOCUMENT # 240846**

1. Entity Name  
**ADAE & HOOPER INSURANCE, INC.**

Principal Place of Business  
**7501 NW 4TH STREET  
 SUITE 210  
 PLANTATION FL 33317  
 US**

Mailing Address  
**7501 NW 4TH STREET  
 SUITE 210  
 PLANTATION FL 33317  
 US**

2. Principal Place of Business  
**1289 NW 7 ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1289 NW 7 ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON, FL**  
 Zip  
**33486**  
 Country

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**BOCA RATON, FL**  
 Zip  
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 Country

4. FEI Number **59-0908832**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CARY, ELTON  
 4000 TOWERSIDE TERRACE  
 #501  
 MIAMI FL 33138**

**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 \_\_\_\_\_ (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	VPSD	<input type="checkbox"/> Delete
NAME	POLLOCK, CAROLYN B	
STREET ADDRESS	1249 NW 7TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CARY, ELTON, M.	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #501	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARY, ILENE	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #501	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COKE, L. A	
STREET ADDRESS	7501 NW 4 STREET #210	
CITY-ST-ZIP	PLANTATION 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1289 NW 7 ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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: Carolyn B Pollock **CAROLYN B POLLOCK** 4/23/01 561-866-2460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)