

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90011 013 ***150.00

DOCUMENT # P96000082710

1. Entity Name

CASTLE INSURANCE MANAGEMENT, INC.
COMMUNITY INSURANCE, INC

Principal Place of Business

Mailing Address

4450 W. SUNRISE BLVD.
 SUITE 100
 PLANTATION FL 33318

PO BOX 189013
 PLANTATION FL 33318-9013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0730206

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHAN, CRAIG A
4450 W. SUNRISE BLVD.
SUITE 100
PLANTATION FL 33318

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity admits 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELLY, JAMES P	
STREET ADDRESS	2544 EAGLE RUN	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STERNBACH, GIL	
STREET ADDRESS	4935 KENSINGTON CIR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VST	<input type="checkbox"/> Delete
NAME	VAUGHAN, CRAIG A	
STREET ADDRESS	1110 WESTON RD. #121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
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		

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)