

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90067 035 \*\*\*150.00

**DOCUMENT # P97000019412**

1. Entity Name

**FLORIDA LAWYERS REINSURANCE COMPANY**

Principal Place of Business

Mailing Address

3504 LAKE LYNDA DRIVE  
 SUITE 325  
 ORLANDO FL 32817-1484

3504 LAKE LYNDA DRIVE  
 SUITE 325  
 ORLANDO FL 32817-8459

00015066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3434988**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, WILLIAM L JR**  
**ONE INDEPENDENT DRIVE**  
**SUITE 3131**  
**JACKSONVILLE FL 32202**

Change of Address

Name

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

**2301 Park Avenue, Suite 404**

City

**Orange Park**

**FL**

Zip Code

**32073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FERRERO, RAY F JR	707 SE 3RD AVE. #600	FORT LAUDERDALE FL 33302-4604	<input type="checkbox"/>
D	DISQUE, PHILIP A	707 SE THIRD AVENUE, #400	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
D	KENNY, JAMES J	201 S BISCAYNE BLVD, 400 MIAMI CENTER	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
DT	Disque, Philip A	707 SE Third Avenue, #400	Fort Lauderdale, FL 33316	<input type="checkbox"/>	<input type="checkbox"/>
D	Kenny, James J	58 Thaynes Canyon Drive	Park City, UT 84060	<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Philip A. Disque*  
**Philip A. Disque** 1/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #