

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019412

1. Entity Name

FLORIDA LAWYERS REINSURANCE COMPANY

Principal Place of Business

3504 LAKE LYNDA DRIVE  
SUITE 325  
ORLANDO FL 32817-1484

Mailing Address

3504 LAKE LYNDA DRIVE  
SUITE 325  
ORLANDO FL 32817-1484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM L JR  
2301 PARK AVENUE STE 404  
ORANGE PARK FL 32073

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

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 **D** ☐ Delete  
NAME **FERRERO, RAY F JR**  
STREET ADDRESS **707 SE 3RD AVE. #600**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33302-4604**

TITLE **DT** ☐ Delete  
NAME **DISQUE, PHILIP A**  
STREET ADDRESS **707 SE THIRD AVENUE, #400**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete  
NAME **KENNY, JAMES J**  
STREET ADDRESS **58 THAYMES CANYON DRIVE**  
CITY-ST-ZIP **PARK CITY UT 84060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90004 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)