

2000 UNIFORM BUSINESS REPORT (UBR)

0006689

DOCUMENT # P99000014514

1. Entity Name

EASTWOOD INSURANCE AGENCY OF FLORIDA, INC.

FILED

00 MAR 31 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5701 STIRLING RD.
DAVIE FL 33314

5701 STIRLING RD.
DAVIE FL 33314-7429

2. Principal Place of Business

20803 N. WEST SECOND AVE

3. Mailing Address

20803 N. WEST SECOND AVE

Suite, Apt. #, etc.

MIAMI, FLORIDA

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

33169 U.S.A

City & State

33169 U.S.A

Zip

Country

Zip

Country

4. FEI Number

65-0895351

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

DUNPHY, JOHN R
BLANK, RIGSBY & MEENAN, P.A.
204 S. MONROE ST.
TALAHASSEE FL 32301-

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

John R. Dunphy John R. Dunphy

3-29-00

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	PARTRIDGE, JUDITH	155 RIVERVIEW DR.	ANAHEIM HILLS CA 92808	<input type="checkbox"/>
D	PARTRIDGE, ARTHUR	155 RIVERVIEW DR.	ANAHEIM HILLS CA 92808	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P	SAME AS LEFT COLUMN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/T/S	SAME AS LEFT COLUMN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Dunphy

3/15/00

Daytime Phone #

CR2E034 (9/99)