

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S59068**

FILED 1063

00 JUL 13 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**R AND R LEMARBRE, INCORPORATED**

Principal Place of Business 13951 HARBORVIEW DR SEMINOLE FL 33776 US	Mailing Address 13951 HARBORVIEW DR SEMINOLE FL 33776 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0269068</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**CACCIATORE, FRANK  
2803 NORTH "B" ST.  
TAMPA FL 33609**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VID LEMARBRE, RICHARD 13951 HARBORVIEW DR SEMINOLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD LEMARBRE, RITA 13951 HARBORVIEW DR. SEMINOLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>00000332752000</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>--07/19/00--01035--002</b> <b>***150.00 ***150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **7-11-00** **727-302-0350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Richard M. Lemarbre**  
Insurance Agent  
1901 Tyrone Blvd. N.  
Saint Petersburg, FL 33710  
Bus: (727) 302-0330  
Fax: (727) 302-9206

**Allstate**<sup>®</sup>  
You're in good hands.

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July 11, 2000

Ms. Leslie Sellers

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Leslie:

As per our conversation today, please accept these Uniform Business Reports for LeMarbre Insurance Service, Inc. and R & R LeMarbre, Inc. as being in on time due to the fact that we originally sent both forms to the Division of Corporations that were received on April 25, 2000.

The enclosed documentation shows a package received by the Division. The enclosed reports are replacing those that were misplaced.

Thank you for your assistance in this matter.

Sincerely,



Richard LeMarbre

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090958

Sender Account Number <b>154284262</b>		Preprint Format No. <b>69095329</b>		Origin <b>PIE</b>		Airbill Number <b>3416940450</b>	
FROM (Company) <b>ALLSTATE INSURANCE</b>				4 Payment Sender will be billed unless marked otherwise Bill to: Receiver <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
Street Address <b>1901 TYRONE BLVD N</b>				Account # (Required if 3rd Party)			
City <b>PETERSBURG</b>		State <b>FL</b>		ZIP CODE (Required) <b>33710</b>		5 Service Type One box must be checked. Assumed Express unless noted.	
Sent by (Name/Dept) <b>RICHARD LEMARRE</b>				Phone <b>813-548-6400</b>			
TO (Company) <b>DIVISION OF CORPORATIONS</b>				6 # of Pkgs <b>1</b>			
Street Address <b>409 EAST GAINES STREET</b>				7 Weight (LBS) required <b>1</b>		8 Packaging Letter <input checked="" type="checkbox"/> Express <input type="checkbox"/> Pack <input type="checkbox"/>	
City <b>TALAHASSEE</b>		State <b>FL</b>		ZIP CODE (Required) <b>32399</b>		Special Instructions <input type="checkbox"/> Saturday Delivery Extra charge Express only Not available to all locations <input type="checkbox"/> Lab Pack Service <input type="checkbox"/> Hold at Airborne	
(Name/Dept) <b>UNIFORM BUSINESS REPORT FILING</b>				Phone (Important) <b>(850) 487-6050</b>			
Declared Value <input type="checkbox"/>		Full Insurance <input type="checkbox"/>		Shipment Valuation \$ <b>.00</b>			
Sender's Signature 				Airborne Signature			
Date <b>4-22-00</b>				Date Time Route No.			
SENDER'S				Received At <input type="checkbox"/>			

**Express** (Letter - 150 lbs)

**Next Afternoon** (Letter - 5 lbs)

**Second Day** (Letter - 150 lbs)

ABSENT A HIGHER SHIPMENT VALUATION, CARRIER'S LIABILITY IS LIMITED TO \$100 PER PACKAGE, OR ACTUAL VALUE, WHICHEVER IS LESS. SPECIAL OR CONSEQUENTIAL DAMAGES ARE NOT RECOVERABLE. SEE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE AIRBILL. SCAC-AIRB FED ID. NO. 91-0837469

**AIRBORNE EXPRESS**

PO BOX 662, SEATTLE, WA 98111-0662  
1-800-247-2878

Rec 4/25  
10:42 am  
Signed by  
B. Sippio