

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762704

1. Entity Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE

Principal Place of Business

501 PALM AVE
HIALEAH FL 33010
US

Mailing Address

501 PALM AVE
HIALEAH FL 33010-4719
US

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

59-2173781

Applied For

Not Applicable

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

BEECHER, ED
501 PALM AVE
HIALEAH FL 33010

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BUSCHMAN, JAMES
STREET ADDRESS 308 S. DIXIE HWY.
CITY-ST-ZIP HALLENDALE FL

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

TITLE P ☐ Delete
NAME HOWARD, DIANNE
STREET ADDRESS 3370 FOREST HILL BLVD, STE A-103
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☒ Delete
NAME MCCARTHY, JOHN A.
STREET ADDRESS 400 NW 73 AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE Treasurer ☐ Change ☒ Addition
NAME Dan Lutzke
STREET ADDRESS 2601 W. Broward Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE D ☒ Delete
NAME DENHAM, SCOTT
STREET ADDRESS 100 N. ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE Secretary ☐ Change ☒ Addition
NAME Jim Sredzinski
STREET ADDRESS 7525 N.W. 88 Ave
CITY-ST-ZIP Tamarac, FL 33321

TITLE S ☐ Delete
NAME CERVANTI, CAROLYN
STREET ADDRESS 6700 MIRAMAR PKWY
CITY-ST-ZIP MIRAMAR FL 33023

TITLE V.P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BEECHER, ED
STREET ADDRESS 501 PALM AVE
CITY-ST-ZIP HIALEAH FL

TITLE P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eddie C. Beecher 3/17/00 (305) 883-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)