

2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-03-2001 90912 018 ***150.00

DOCUMENT # P00000045635

1. Entity Name

FIRST RESERVE INSURANCE, INC.

Principal Place of Business

1360 S DIXIE HWY
 CORAL GABLES FL 33146

Mailing Address

1360 S DIXIE HWY
 CORAL GABLES FL 33146

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

Applied For

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

HARPER, ALLEN C
 1360 S DIXIE HWY
 CORAL GABLES FL 33146

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 use 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME HARPER, ALLEN C
 STREET ADDRESS 5915 SW 94 ST
 CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☒ Addition
 NAME ~~Director~~ Chairman
 STREET ADDRESS Harper, Allen C.

TITLE D ☐ Delete
 NAME YOUNT, DOUGLAS
 STREET ADDRESS 6240 SW 88 ST
 CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☒ Addition
 NAME Director President
 STREET ADDRESS Yount, Douglas

TITLE D ☐ Delete
 NAME SHUFFELD, RONALD A
 STREET ADDRESS 9568 SW 67 CT
 CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☒ Addition
 NAME Director Secretary
 STREET ADDRESS Shuffeld, Ronald A.

TITLE D ☐ Delete
 NAME NEWMAYER, JAMES E
 STREET ADDRESS 12960 N. CALUSA CLUB DR
 CITY-ST-ZIP MIAMI FL 33186-5

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Allen C. Harper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-667-8871

Daytime Phone #

CR2E034 (10/00)