

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90038 020 ****50.00

DOCUMENT # L00000010870

1. Entity Name

PREMIER INSURANCE, LLC

Principal Place of Business

4200 GULF SHORE BOULEVARD NORTH
NAPLES FL 34103

Mailing Address

4200 GULF SHORE BOULEVARD NORTH
NAPLES FL 34103

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

65-1041752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DRIVE
NAPLES FL 34103

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HORNBECK, HUNTLEY JR	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>
MGRM	LUTGERT, SCOTT F	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>
MGRM	BENZA, STEPHEN	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>
MGRM	WILLIAMS, MARCUS	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>
MGRM	BAKER, RICHARD J	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>
MGRM	GURMAN, HOWARD B	4200 GULF SHORE BLVD., N	NAPLES FL 34103	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HOWARD B. GUTMAN

Date

Daytime Phone #

(239) 261-6100

CR2E083 (9/01)