

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90643 046 \*\*\*150.00

0294170 AV

**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**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**4. FEI Number**  
 105-1042413

**APPLIED FOR**

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

**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 \$150.00**  
**After May 1, 2002 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**

TITLE	DC	<input type="checkbox"/> Delete
NAME	HARPER, ALLEN C	
STREET ADDRESS	5915 SW 94 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNT, DOUGLAS	
STREET ADDRESS	6240 SW 86 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHUFFELD, RONALD A	
STREET ADDRESS	9568 SW 67 CT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAYER, JAMES E	
STREET ADDRESS	12960 N. CALUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL 33186-5	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Ronald A Shuffeld 4/22/02 305-667-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)