

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 181473

1. Entity Name

PURITAN AGENCY OF FLORIDA INC.

Principal Place of Business

201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134-5102

Mailing Address

201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134-5102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134

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

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **RAMA, MICHAEL**
CITY-ST-ZIP **201 ALHAMBRA CIR- 12TH FLR**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GETMAN, DENNIS J.**
CITY-ST-ZIP **201 ALHAMBRA CIR- 12TH FLR**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCAIRY, CHARLES**
CITY-ST-ZIP **201 ALHAMBRA CIR- 12TH FLR**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KERRIGAN, JUANITA**
CITY-ST-ZIP **201 ALHAMBRA CIR- 12TH FLR**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: By: *Juanita I. Kerrigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/19/01 (305) 442-7000
Date Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90231 016 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1710539

Applied For

Not Applicable

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

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CR2E034 (10/00)