

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 212791

1. Entity Name

CAUSEWAY INSURANCE INC

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90138 049 ***150.00

0510387

Principal Place of Business

3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424-3629
US

Mailing Address

3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424-3629
US

2. Principal Place of Business

3652 S SEACREST BLVD.

Suite, Apt. #, etc.

PO BOX 243629

City & State

BOYNTON BEACH, FL

Zip

33424-3629

Country

US

3. Mailing Address

PO BOX 243629

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33424-3629

Country

US

4. FEI Number

59-0843338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, WARREN
3652 S SEACREST BLVD
P.O. BOX 3629
BOYNTON BCH FL 33424

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	D	<input type="checkbox"/> Delete
NAME	MACK, VERONICA H	
STREET ADDRESS	3652 S SEACREST BLVD, PO BOX 3629	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACK, WARREN R	
STREET ADDRESS	3652 S SEACREST BLVD, PO BOX 3629	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MACK, VICKI CODY	
STREET ADDRESS	3652 S SEACREST BLVD, PO BOX 3629	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

561-737-6464

Daytime Phone #

CR2E034 (10/00)