

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

05-08-2002 90002 004 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 212791

1. Entity Name

CAUSEWAY INSURANCE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3652 SOUTH SEACREST BLVD.

Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 243629

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH, FL

Zip  
33435

Country  
US

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

7. Name and Address of Current Registered Agent

Name

WARREN R. MACK

Street Address (P.O. Box Number is Not Acceptable)

3652 SOUTH SEACREST BLVD.

City

BOYNTON BEACH

FL

Zip Code  
33435

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

XX

January 1st - May 1st Fee is \$150.00  
After May 1st Fee is \$650.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT, DIRECTOR  
WARREN R. MACK  
3652 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY/TREASURER/DIRECTOR  
VICKI CODY MACK  
3652 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
VERONICA H. MACK  
3652 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BOYNTON BEACH, FL 33435

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

Date

561-737-6464

Daytime Phone #

CR2E034B (12/01)