

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

1-51450 AV

**DOCUMENT # 594085**

1. Entity Name  
**OLIVENBAUM INSURANCE, INC.**

04-17-2002 90166 042 \*\*\*150.00

Principal Place of Business  
**752 MONTROSE STREET**  
**CLERMONT FL 34711**  
**US**

Mailing Address  
**P O BOX 120218**  
**CLERMONT FL 34712**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1863681**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVENBAUM, GLENN A.**  
**752 MONTROSE ST**  
**CLERMONT FL 34711**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVENBAUM, DONALD J</b>	
STREET ADDRESS	<b>8910 SPYGLASS LOOP</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVENBAUM, SEVERINA C</b>	
STREET ADDRESS	<b>10933 BRONSON RD.</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVENBAUM, GLENN A</b>	
STREET ADDRESS	<b>291 CRESTVIEW DR</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Glenn A. Olivenbaum* **Glenn A. Olivenbaum, Pres** 4-10-02 352-394-4884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)