

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692650

1. Entity Name

BOB LANTERI INSURANCE AGENCY, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90011 044 \*\*\*150.00

Principal Place of Business

4956-16 LE CHALET BLVD  
BOYNTON BEACH FL 33436  
US

Mailing Address

4956-16 LE CHALET BLVD  
BOYNTON BEACH FL 33436  
US

903657

2. Principal Place of Business

7665 LAKE WORTH ROAD

3. Mailing Address

7665 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

59-2122038

Applied For

Not Applicable

Zip

33467

Country

P. B. C.

Zip

33467

Country

P. B. C.

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

6. Name and Address of Current Registered Agent

LANTERI, ROBERTS S.  
4956-16 LE CHALET BLVD.  
BOYNTON BEACH FL 33436

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 DP  
NAME LANTERI, ROBERT S  
STREET ADDRESS 4956-16 LE CHALET BLVD  
CITY-ST-ZIP BOYNTON BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME LANTERI, ROBERT S  
STREET ADDRESS 7665 LAKE WORTH ROAD  
CITY-ST-ZIP LAKE WORTH, FL 33467

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert S. Lanteri, Pres.

1/15/00

Date

361-649-1008

Daytime Phone #

CR2E034 (10/00)