

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762704

1. Entity Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE

Principal Place of Business

501 PALM AVE  
HIALEAH FL 33010  
US

Mailing Address

501 PALM AVE  
HIALEAH FL 33010-4719  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2173781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEECHER, ED  
501 PALM AVE  
HIALEAH FL 33010

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP                                                  | DELETE                              | TITLE | NAME      | STREET ADDRESS | CITY-ST-ZIP                                       | CHANGE                              | ADDITION                            |
|-------|------|-------------------|--------------------------------------------------------------|-------------------------------------|-------|-----------|----------------|---------------------------------------------------|-------------------------------------|-------------------------------------|
|       | D    | BUSCHMAN, JAMES   | 308 S. DIXIE HWY.<br>HALEDALE FL                             | <input type="checkbox"/>            |       |           |                |                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       | P    | HOWARD, DIANNE    | 3370 FOREST HILL BLVD, STE A-103<br>WEST PALM BEACH FL 33406 | <input type="checkbox"/>            |       | D         |                |                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | D    | MCCARTHY, JOHN A. | 400 NW 73 AVENUE<br>PLANTATION FL                            | <input checked="" type="checkbox"/> |       | Treasurer | Dan Lutzke     | 2601 W. Broward Blvd.<br>Ft. Lauderdale, FL 33312 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       | D    | DENHAM, SCOTT     | 100 N. ANDREWS AVE<br>FT LAUDERDALE FL 33301                 | <input checked="" type="checkbox"/> |       | Secretary | Jim Sredzinski | 7525 N.W. 88 Ave<br>Tamarac, FL 33321             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       | S    | CERVANTI, CAROLYN | 6700 MIRAMAR PKWY<br>MIRAMAR FL 33023                        | <input type="checkbox"/>            |       | V.P.      |                |                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | T    | BEECHER, ED       | 501 PALM AVE<br>HIALEAH FL                                   | <input type="checkbox"/>            |       | P.        |                |                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eddie C. Beecher 3/17/00 (305) 883-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 21, 2000 8:00 am  
Secretary of State  
03-21-2000 90089 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE