

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762704

1. Entity Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90771 010 ****61.25

Principal Place of Business

501 PALM AVE
HIALEAH FL 33010
US

Mailing Address

501 PALM AVE
HIALEAH FL 33010
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

BEECHER, ED
501 PALM AVE
HIALEAH FL 33010

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

Ed Beecher, Ed Beecher, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/01

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

TITLE	D	☐ Delete
NAME	BUSCHMAN, JAMES	
STREET ADDRESS	308 S. DIXIE HWY.	
CITY-ST-ZIP	HALLENDALE FL	
TITLE	D	☐ Delete
NAME	HOWARD, DIANNE	
STREET ADDRESS	3370 FOREST HILL BLVD, STE A-103	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	☒ Delete
NAME	LUTZKE, DAN	
STREET ADDRESS	2601 W BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	S	☒ Delete
NAME	SREDZINSKI, JIM	
STREET ADDRESS	7525 NW 88 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	☐ Delete
NAME	CERVANTI, CAROLYN	
STREET ADDRESS	6700 MIRAMAR PKWY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	P	☐ Delete
NAME	BEECHER, ED	
STREET ADDRESS	501 PALM AVE	
CITY-ST-ZIP	HIALEAH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	Gardner, Pam	
STREET ADDRESS	201 W. Palmetto Park Rd	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	S	☐ Change ☒ Addition
NAME	Zoellner, Carol	
STREET ADDRESS	160 Australian Ave	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ed Beecher, Ed Beecher, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/01

Daytime Phone #

305 883-8060

CR2E037 (10/00)