# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
06-02-2000 90010 014 ***150.00
FILED

00 JUN 21 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 862320

1. Entity Name

LIBERTY INSURANCE UNDERWRITERS INC

| Principal Place of Business | Mailing Address |
|---|---|
| 61 Broadway<br>25th Floor<br>New York NY 10006 | 61 Broadwy 25th Floor<br>New York NY 10006 |

| 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 13-4916020 — 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 |
|---|---|
| INSURANCE Commissioner<br>Capital Building<br>Tallahassee, FL 32304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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, 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 2000 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

| OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|
| Chief Operating Officer ☐ Delete<br>Michael Abdallah<br>61 Broadway 25th Floor<br>ST-ZIP New York NY 10006 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
| Secretary ☐ Delete<br>Barry S. Gilvar<br>175 Berkeley Street<br>ST-ZIP Boston MA 02117 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
| Treasurer ☐ Delete<br>Elliot J. Williams<br>175 Berkeley Street<br>ST-ZIP Boston MA 02117 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
| Chief Financial Officer ☐ Delete<br>Daniel T. N. Forsythe<br>175 Berkeley Street<br>ST-ZIP Boston MA 02117 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
| Executive Vice President ☐ Delete<br>Joseph Morency<br>61 Broadway 25th Floor<br>ST-ZIP New York NY 10006 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
| Vice President ☐ Delete<br>Courtney Hancock<br>61 Broadway 25th Floor<br>ST-ZIP New York NY 10006 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |

CR2E034 (9/99)

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 Courtney Hancock — Courtney Hancock (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — May 12, 2000 (Date) — 212-208-4197 (Daytime Phone #)

APPROVED AND FILED

00 JUN 21 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

**Note: Acknowledgements/certificates will be sent to the address in Section 1 only.**

1. Start -Operate & Succeed
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

P.O. Box 1532
Mailing Address of Business

Largo Florida 33779
City State Zip Code

3. Florida County of principal place of business: Pinellas

4. FEI Number: N/A Social Security 595-37-0859

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*****50.00

This space for office use only

**A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):**

1. Denington Darren S.
Last First M.I.
1321 Brunswick Drive
Address
Largo FL. 33756
City State Zip Code
SS# 595-37-0859 (optional)

2. Denington Shelli L
Last First M.I.
1321 Brunswick Drive
Address
Largo FL 33756
City State Zip Code
SS# 082-72-8471 (optional)

**B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):**

1. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner Date 6/16/00

Signature of Owner Date 6/16/00

Phone Number:

Phone Number:

CR4E001 (11/99)

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:**
**FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____

_____, which was registered on _____ and was assigned

registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — $10 ☐ Certified Copy — $30

**FILING FEE: $50**