

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90066 013 ***150.00

DOCUMENT # 832570

1. Entity Name

VINCENT INSURANCE ADJUSTERS, INC.

Principal Place of Business

Mailing Address

W. CYPRESS CREEK RD.
 P. O BOX 5064
 LAUDERDALE FL 33310

650 SENTRY PKWY
 P. O BOX 5064
 BLUE BELL PA 19422-0807
 US

2. Principal Place of Business

3. Mailing Address

6198 BUTLER PIKE, STE 120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

City & State

City & State

BLUE BELL, PA

4. FEI Number

23-1732222

Applied For

Not Applicable

Zip

Country

Zip

Country

19422

Montgomery

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

DOLAN, JAMES V.
 1424 S. ANDREWS AVE. SUITE 201

FT. LAUDERDALE FL 33316

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	TOLLES, LESLIE J.	NAME	
STREET ADDRESS	650 SENTRY PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	BLUEBELL PA	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MONTUORI, ANTHONY	NAME	
STREET ADDRESS	41 N. TENTH ST	STREET ADDRESS	
CITY-ST-ZIP	KEHILWORTH NJ 07033	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	KRISTOWICZ, ALEXANDER	NAME	
STREET ADDRESS	3979 LAKE MIRA DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	
TITLE		TITLE	VP
NAME		NAME	TERRY CAVALIERE
STREET ADDRESS		STREET ADDRESS	7 WILCOTE WAY
CITY-ST-ZIP		CITY-ST-ZIP	MEDFORD NJ 08055
TITLE		TITLE	VP
NAME		NAME	LINDA CARICKHOFF
STREET ADDRESS		STREET ADDRESS	2401 HFLLOCK CRT
CITY-ST-ZIP		CITY-ST-ZIP	LANDSDALE PA 19446
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3-7-2000 ✓ 215-283-9100

CR2E034 (9/99)