2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
09-05-2000 90027 007 ***550.00

DOCUMENT # F98000004529

1. Entity Name
TARGET UNDERWRITING MANAGEMENT CORPORATION ✓

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PARKWAY. SUITE 600 SABRE CENTER II BOCA RATON FL 33487	6001 BROKEN SOUND PARKWAY. SUITE 600 SABRE CENTER II BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35 TOWER LANE Suite, Apt. #, etc.	35 TOWER LANE Suite, Apt. #, etc.
City & State: AVON, CT	City & State: AVON, CT
Zip: 06001 Country:	Zip: 06001 Country:

4. FEI Number 65-0848352 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS KOTTLER, MARK 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON FL 33487	☑ Delete	C/P/D WAYNE H. CARTER III 35 TOWER LANE AVON, CT 06001	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASD SIMS, STEVEN 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON FL 33487	☐ Delete	EVP/S/D 35 TOWER LANE AVON, CT 06001	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANSEN, ROBERT 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON FL 33487	☑ Delete	D THOMAS B. LEONARDI 35 TOWER LANE AVON, CT 06001	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS DOREEN, SCHLICHT M CPA 1 NORTHINGTON PLACE 35 TOWER LN AVON CT	☐ Delete	VP/T	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROOKER, MARK 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON FL 33487	☑ Delete	D WILLIAM BITTERLI 35 TOWER LANE AVON, CT 06001	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLLINS, JANICE 6001 BROKEN SOUND PARKWAY, SUITE 600 BOCA RATON FL 33487	☑ Delete		☐ Change	☐ Addition

CR2E034 (5/00)

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: DOREEN M. SCHLICHT, TREASURER 8/28/00 (860) 284-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR ROBERT A. MASON, CONTROLLER