

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81595

1. Entity Name

W.F. ROEMER INSURANCE AGENCY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90086 010 ***150.00

Principal Place of Business

Mailing Address

% BRUCE FITEL
9000 S.W. 87TH COURT
MIAMI FL 33176

% BRUCE FITEL
9000 S.W. 87TH COURT
MIAMI FL 33176-2231

2. Principal Place of Business

4752 W. Commercial Blvd

3. Mailing Address

P.O. Box 190669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 59-2342037

Applied For

Not Applicable

Zip
33319

Country

Zip
33319-0669

Country

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

FITELL, BRUCE
9000 S.W. 87TH COURT
MIAMI FL 33176

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DOWD, WILLIAM F
1831 LYONS ROAD, #204
COCONUT CREEK FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
TRUSSELL, KAREN E
1915 PLAYERS PLACE
NORTH LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice-President
Jonathan F. Remes
5341 NW 81 Terrace
Lauderhill, FL 33351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Karen Trussell

2/28/00

954-731-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)