

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90024 022 ***150.00

DOCUMENT # J85204

1. Entity Name

CONSOLIDATED PROPERTY & CASUALTY INSURANCE COMPA

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD
 SUITE 600
 CORAL GABLES FL 33134
 US

901 PONCE DE LEON BLVD
 SUITE 600
 CORAL GABLES FL 33134-3073
 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

65-0131982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOT REQUIRED PURSUANT
 TO SECTION 607.034 (2)
 FLORIDA STATUTES FL**

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 Delete
 NAME SV
 FENTON, MARIA D C.
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME D
 Joseph C. Mac Lean
 STREET ADDRESS 901 Ponce de Leon #600
 CITY-ST-ZIP Coral Gables, FL

TITLE Delete
 NAME D
 PETCOFF, JAMES G.
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DP
 NAVARRO, JORGE J.
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 PETCOFF, B MATTHEW
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 WILSON, CATHY
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 ROONEY, DAVID
 STREET ADDRESS 901 PONCE DE LEON #600
 CITY-ST-ZIP CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Maria Del C Fenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

305-529-2000

Daytime Phone #

CR2E034 9/99