

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90020 012 ***150.00

DOCUMENT # K00611

1. Entity Name

FLORIDA CLAIMS BUREAU, INCORPORATED

Principal Place of Business

Mailing Address

6142 CLARK CENTER
 SARASOTA FL 34238
 US US

P O BOX 17127
 SARASOTA FL 34276-0127
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6015 Resource Ln
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

Bradenton FL

4. FEI Number **59-2546148**

Applied For
 Not Applicable

Zip 34202

Country Mono Teo

Zip

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

ROBINSON, ERNEST F.
 1601 PELICAN PT DR
 SARASOTA FL 34236

H-215

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] Ernest F. Robinson 4/12/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Director 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ERNEST F.	NAME	
STREET ADDRESS	6142 CLARK CENTER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	
TITLE	<u>6015 Resource Ln</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Bradenton, FL</u>	NAME	
STREET ADDRESS	<u>34202</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] Ernest F. Robinson 4/12/00 1800-226-7778
 Signature and typed or printed name of signing officer or director Director Date Daytime Phone #

CR2E034 (9/99)