

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07612

1. Entity Name

AMERICAN LOSS ADJUSTMENT COMPANY

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90004 037 \*\*\*550.00

Principal Place of Business

2803 W BUSCH BLVD  
SUITE 200  
TAMPA FL 33618  
US

Mailing Address

126 BUSINESS PARK DR  
PO BOX 89  
UTICA NY 13503-0089  
US

2. Principal Place of Business

126 BUSINESS PARK DRIVE

Suite, Apt. #, etc.

P.O. BOX 89

3. Mailing Address

Suite, Apt. #, etc.

City & State

UTICA, NEW YORK

City & State

4. FEI Number

59-2864304

Applied For

Not Applicable

Zip

Country

13503-0089

US

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

TUNNICLIFF, CYNTHIA S  
215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE FL 32301

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 D  
STREET ADDRESS CUCCARO, RONALD A.  
CITY-ST-ZIP 2230 DOUGLAS CRESCENT  
UTICA NY

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS LEVIN, GERALD  
CITY-ST-ZIP EATONVILLE RD.  
HERKIMER, NY.

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

TITLE ☒ Delete  
NAME S  
STREET ADDRESS CIFONELLI, KELLY  
CITY-ST-ZIP 2687 MOHAWK ST  
SAUQUOIT NY 13456

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/2000 (315) 797-1234

CR2E034 (9/99)