

2001 UNIFORM BUSINESS REPORT (UBR)

0012050 AF

DOCUMENT # L00000007737

1. Entity Name
KERKER CASUALTY, L.L.C.

FILED

01 APR 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5900 NORTH ANDREWS AVENUE, SUITE 200
FORT LAUDERDALE FL 33309

Mailing Address
5900 NORTH ANDREWS AVENUE, SUITE 200
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1023010

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERKER, IRA P
5900 NORTH ANDREWS AVENUE, SUITE 200
FORT LAUDERDALE FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004034860--9
-04/20/01--01038--028
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE _____ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *mgrm* ☐ Change ☒ Addition
NAME Leonard J. Kerker
STREET ADDRESS 5900 N. Andrews Avenue, Suite 200
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE _____ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *mgrm* ☐ Change ☒ Addition
NAME Ira P. Kerker
STREET ADDRESS 5900 N. Andrews Avenue, Suite 200
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE _____ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/01 954-771-3200
Date Daytime Phone #

CR2E083 (11/00)