2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000014776 1. Entity Name DNB INSURANCE GROUP, LLC											ED	- -	
									0.1				
Principal Place of Business Mailing Address									UI	FER 15	PM 4:	45	
1200 N FEDER				1200 N FEDERAL HWY				SECRETARY OF STATE					
SUITE 315				SUITE 315				TALL'AHASSEE, FLORIDA					
BOCA RATON FL 33432				BOCA RATON FL 33432				. I INDIVIDI DI DENI DENI BENI BENI DENI BENI BENI DI DI BINI BINI BINI BENI BENI DENI DEBI					
2. Principal Place of Business 211 S. Federal Highway				3. Mailing Address 211 S. Federal Highway				·			-		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
B-6				B-6				· C I K I.			1 140	plied For	7
City & State Boynton Beach, FL				City & State Boynton Beach, FL					umber 064200			t Applicable	1
Zip Country				Zip Coun			65–1064309 5. Certificate of Status Desired			\$5.00 Additional			
33435		USA		435	USA						Fee Require	<u>d</u>	-
	6. Name a	and Address of Curre	nt Registe	ered Agent		Name	7. N	lame	and Address of New R	legistered /	Agent		1
CALINITEDS BOAD V ESO								,j., -			-		1 2
100 SE 2		Street Ad	ddress (P.O. Bo	ox Nu	umber is Not Acceptable	9)							
17TH FLO								•					
MIAMI FL			•	1						FL	Zip Code	e	1
8. The above named entity submits this statement for the purpose of changing its register											<u> </u>	· · · · · · · · · · · · · · · · · · ·	-
8. The above	named entity	submits this statement	for the pu	irpose of changing its	registere	еа опісе ог	registered age	ent, o	r both, in the State of Fit	mua.			
SIGNATURE _													
	Signature, typed o	or printed name of registered age	ent and title if a	applicable. (NOTE	: Registere	Agent signatu	re required when rei	instatin	g)	DATE			4
		·		FILE NO) !!! WC	FEE IS \$	50.00						
•				Make Check Pa	yable t	o Departi	ment of Stat	te					
9.		MANAGING MEM	ABERS/MI	EMBERS	10.	-			ADDITIONS	/CHANGES			1
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NAME		·			NAM		David I	Dav					`
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CITY-ST-ZIP					TITLE		Воса Ка	ato	n, FL 33432		Change	Addition	-
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	ertify that the	information supplied v	vith this fili	ng doce not qualify for		I	ted in Section	119.0	7(3)(i), Florida Statutes.	I further cer	tify that the i	nformation	1
indicated limited lia	on this report	t is true and accurate a	nd 1 at re	signature shall have wered to execute this	the same	e legal effer required b	ct as if made u by Chapter 608	inder 3, Flo	oath; that I am a mana rida Statutes.	ging membe	er or manage	er of the	
11. I hereby certify that the information supplied with this filing dose 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 the 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNAT	URF	510	10000	ii heau	MI.	3			2/8/01	561.3	47.00	109	
J. W. 1771	SIGN	NO FIPED OR PRINTED NAM	E OF SIGNIN	G MANAGING MEMBER, MAI	NAGER, OR	AUTHORIZED	REPRESENTATIVE	E	Date		aytime Phone #		1