

2001 UNIFORM BUSINESS REPORT (UBR)

0007906 AF

DOCUMENT # L95000000895

1. Entity Name
PETIGROW INSURANCE, L.L.C.

FILED

01 MAR 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1861 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

1861 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

9900 W. SAMPLE RD

Suite, Apt. #, etc.

300

3. Mailing Address

9900 W. SAMPLE RD

Suite, Apt. #, etc.

300

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0632097

Applied For

Not Applicable

Zip

33065

Country

BROWARD

Zip

33065

Country

BROWARD

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETIGROW, RICHARD B
1861 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

CHANGE OF
ADDRESS ONLY

7. Name and Address of New Registered Agent

Name

RICHARD B. PETIGROW

Street Address (P.O. Box Number is Not Acceptable)

9900 W. SAMPLE ROAD

300

City

CORAL SPRINGS

FL

Zip Code

33065

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

3/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PETIGROW, RICHARD B
1861 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
9900 W. SAMPLE ROAD # 300
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003992882--3
-04/11/01--01108--008
*****50.00 *****50.00

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

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

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

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

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:

RICHARD B. PETIGROW 3/1/01 (954) 340 4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)