

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000000633**

1. Entity Name

**PROFESSIONAL INSURANCE ENTERPRISES, L.C.**

**FILED**

01 JAN 22 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2499 W. GLADES RD., SUITE 207  
BOCA RATON FL 33431

Mailing Address

P.O. BOX 871  
DEERFIELD BEACH FL 33443-0871

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0892084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROGAN, P. ANTHONY  
649 U.S. HWY ONE, SUITE 3  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
LENNON, HENRY B.D.S.  
2499 GLADES ROAD, #207  
BOCA RATON FL 33431

TITLE NAME ☐ Delete  
MGRM  
WEINER, HOWARD M.D.  
9980 CENTRAL PARK BLVD., #102  
BOCA RATON FL 33428

TITLE NAME ☐ Delete  
MGRM  
NADEL, JEFFREY C.P.A.  
6540 N.W. 40TH COURT  
BOCA RATON FL 33496

TITLE NAME ☐ Delete  
MGRM  
AUDETTE, JOHN  
649 U.S. HWY ONE  
NORTH PALM BEACH FL 33408

TITLE NAME ☐ Delete  
MGRM  
BURKE, ROBERT M.D.  
5405 OKEECHOBEE BLVD., #101  
WEST PALM BEACH FL 33417

TITLE NAME ☐ Delete  
MGRM  
BURKE, ROBERT M.D.  
5405 OKEECHOBEE BLVD., #101  
WEST PALM BEACH FL 33417

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
400003575954--3  
-01/26/01--01023--017  
\*\*\*\*100.00 \*\*\*\*\*50.00

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

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

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

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)