

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000001903

**1. Entity Name**

RUSHMORE INSURANCE SERVICES, L.L.C.

**Principal Place of Business**

**Mailing Address**

2121 Ponce De Leon Blvd. #1100  
Coral Gables, FL 33134

Same

**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**

65-0906989

**Applied For**

Not Applicable

**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**

Price, Jerome T.  
2121 Ponce De Leon Blvd., #1100  
Coral Gables, FL 33134

**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**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Delete  
**NAME** Price, Jerome T.  
**STREET ADDRESS** 2121 Ponce De Leon Blvd, #1100  
**CITY-ST-ZIP** Coral Gables, FL 33134

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

**TITLE** MGRM ☐ Delete  
**NAME** Kirzner, Alan  
**STREET ADDRESS** 2121 Ponce De Leon Blvd, #1100  
**CITY-ST-ZIP** Coral Gables, FL 33134

**TITLE** ☐ Change ☐ Addition  
**NAME** 700003810937  
**STREET ADDRESS** -03/07/01--01106--002  
**CITY-ST-ZIP** \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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)