

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000002781

1. Entity Name

INSURANCE PARTNERSHIP MANAGER #3, LLC

Principal Place of Business

400 EAST SOUTH STREET, SUITE 500

ORLANDO
32801

FL

Mailing Address

400 EAST SOUTH STREET, SUITE 500

ORLANDO
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32801

Country

Zip

32801

Country

4. FEI Number

59-3590657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SENEFF TIMOTHY J
400 EAST SOUTH STREET, SUITE 500

ORLANDO
32801

FL

7. Name and Address of New Registered Agent

Name

SENEFF TIMOTHY J

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

450 S. ORANGE AVENUE

City

ORLANDO

FL

Zip Code
32801

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)

03/08/2000

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME SENEFF TIMOTHY J
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME SENEFF TIMOTHY J
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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.