

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90176 008 \*\*\*150.00

**DOCUMENT # M79238**

1. Entity Name

**CRUMP INSURANCE SERVICES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1211 SEMORAN BOULEVARD  
 SUITE 277  
 CASSELBERRY FL 32707  
 US**

**% SEABURY & SMITH  
 1166 AVENUE OF THE AMERICAS, 31ST FLOOR  
 NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address **C/O SEABURY & SMITH**

**1166 AVE OF THE AMERICAS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**23 RD FLOOR**

City & State

City & State

**NEW YORK, NY**

Zip

Country

Zip

Country

**10036**

4. FEI Number

**22-2904551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>BERRIAN, JOEL</b>						
	<b>7557 RAMBLER RD. #350</b>						
	<b>DALLAS TX 75231</b>						
	<b>S</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>O'BRIEN, MARGARET</b>						
	<b>1166 AVENUE OF THE AMERICAS</b>						
	<b>NEW YORK NY 10036</b>						
	<b>T</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>SCHLINGBAUM, JEFF</b>						
	<b>1166 AVENUE OF THE AMERICAS</b>						
	<b>NEW YORK NY 10036</b>						
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFF SCHLINGBAUM/TREASURER**

Date

Daytime Phone #

**4/16/01**

**212 345 4423**

CR2E034 (10/00)