

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90030 034 \*\*\*150.00

**DOCUMENT # M99731**

1. Entity Name

**SOUTH FLORIDA INSURANCE SERVICES, INC.**

**00007617**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% WILLIAM R. HEISLER  
5200 BLUE LAGOON DRIVE, #750  
MIAMI FL 33126  
US

% WILLIAM R. HEISLER  
5200 BLUE LAGOON DR., #750  
MIAMI FL 33126-7003  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0076858**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HEISLER, WILLIAM R.**  
**5200 BLUE LAGOON DR., #750**  
**MIAMI FL 33126**

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, 2000 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 **VD** ☐ Delete  
NAME **HEISLER, WILLIAM R.**  
STREET ADDRESS **5200 BLUE LAGOON DRIVE, #750**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Change ☐ Addition  
NAME **Heisler William R**  
STREET ADDRESS **7501 Buchanan Street**  
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **STD** ☐ Delete  
NAME **DENISON, DORIS**  
STREET ADDRESS **6433 LEMON TREE LANE**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Denison, Doris**  
STREET ADDRESS **143 Yacht Club Dr #6**  
CITY-ST-ZIP **NPB, FL 33408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

*Doris Denison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-16-200 561-622-5075**

CR2E034 (9/99)