## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # N9400003242 May 01, 2000 8:00 am 1. Entity Name Secretary of State THE LEGAL DEFENSE FUND OF SPECIALTY AGENTS, INC. 05-01-2000 90012 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 1880 BRICKELL AVE. 1880 BRICKELL AVE. MIAM! FL 33129 MIAMI FL 33129-1610 2. Principal Place of Business 3. Mailing Address 180 5. Knowles Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Winter City & State 4. FEI Number FI 65-0576639 inte( Not Applicable Country Country 5. Certificate of Status Desired RANGE DRANGE. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kerman Street Address (P.O. Box Number is Not Acceptable) VICKERY, MICHELE 305 SPRING LAKE HILLS DR ALTAMONTE SPRINGS FL 32714 purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits this statement to SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Jed Berman ☐ Change D5 **Addition** DP ☐ Delete TITLE TITLE JENKINS, ELI NAME NAME 180 S. Knowies STREET ADDRESS STREET ADDRESS 1880 BRICKEL AVE. Winter PATE FI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 Delete TITLE TITLE GRIMSLEY, CHARLES J NAME Poters buri F = 331,13 STREET ADDRESS STREET ADDRESS 1880 BRICKELL AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change Addition Delete DS TITLE DALY, FRANK NAME STREET ADDRESS STREET ADDRESS 1880 BRICKELL AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 apport 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ar dress, with all other like empower