

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0025039

DOCUMENT # N94000003242

1. Entity Name

THE LEGAL DEFENSE FUND OF SPECIALTY AGENTS, INC.

04-03-2001 90068 015 ****61.25

Principal Place of Business

180 S. KNOWLES
 WINTER PARK FL 32790

Mailing Address

180 S. KNOWLES
 WINTER PARK FL 32790

2. Principal Place of Business

4501 N. Nebraska Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9015
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

Zip: 33603

Country: USA

City & State

Tampa Florida

Zip: 33674

Country: USA

4. FEI Number

65-0576639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, JED
 180 S. KNOWLES
 WINTER PARK FL 32790

7. Name and Address of New Registered Agent

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 *Philip Jenkins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE: DP
 NAME: JENKINS, ELI Delete
 STREET ADDRESS: 1880 BRICKEL AVE.
 CITY-ST-ZIP: MIAMI FL 33129

TITLE: DS
 NAME: BERMAN, JED Delete
 STREET ADDRESS: 180 S. KNOWLES
 CITY-ST-ZIP: WINTER PARK FL 32790

TITLE: DS
 NAME: SIELING, JACU Delete
 STREET ADDRESS: 3457 CENTIAL AVE
 CITY-ST-ZIP: SAINT PETERSBURG FL 33713

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President Change Addition
 NAME: Hill, Richard
 STREET ADDRESS: 5211 Timuogana Rd #6
 CITY-ST-ZIP: Jacksonville FL 32210

TITLE: Director Change Addition
 NAME: Adrienne Fleming
 STREET ADDRESS: 4501 N. Nebraska Ave
 CITY-ST-ZIP: Tampa FL 33603

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

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

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adrienne Fleming
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01

813

238-0753

CR2E037 (10/00)