

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007212

1. Entity Name

THE FLORIDA INSURANCE FORUM, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90223 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

112 S WEST STREET  
 4TH FLOOR  
 ALEXANDRIA VA 22314  
 US

1125 S WEST ST  
 4TH FLOOR  
 ALEXANDRIA VA 22314  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1882908

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

CORPAMERICA, INC.  
 1525 S ANDREWS AVENUE  
 SUITE 216  
 FORT LAUDERDALE FL 33316

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete  
 NAME LACK, DAVID  
 STREET ADDRESS 112 S WEST STREET, 4TH FL  
 CITY-ST-ZIP ALEXANDRIA BA 22314

TITLE DT ☐ Change ☒ Addition  
 NAME Southey, Rob  
 STREET ADDRESS 360 Central Ave.  
 CITY-ST-ZIP St. Petersburg, FL 33733

TITLE D ☒ Delete  
 NAME BURMEN, JEFF  
 STREET ADDRESS 1275 MILWAUKEE AVE  
 CITY-ST-ZIP LENVI IL

TITLE DS ☐ Change ☒ Addition  
 NAME Toomen, Lee  
 STREET ADDRESS 7440 Woodland Hills Drive  
 CITY-ST-ZIP Indianapolis, IN 46279

TITLE D ☐ Delete  
 NAME TOOMEN, LEE  
 STREET ADDRESS 7440 WOODLAND HILLS DRIVE  
 CITY-ST-ZIP INDIANAPOLIS IN 46278

TITLE CDP ☐ Change ☒ Addition  
 NAME Eterno, Marianne  
 STREET ADDRESS 1275 Milwaukee Ave.  
 CITY-ST-ZIP Glenview, IL 60025

TITLE P ☐ Delete  
 NAME ETERNO, MARIANNE  
 STREET ADDRESS 1275 MILWAUKEE AVE  
 CITY-ST-ZIP GLENVIEW IL 60025

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

TITLE T ☒ Delete  
 NAME PITZER, STEVE  
 STREET ADDRESS 1212 NORTH 96TH  
 CITY-ST-ZIP OMAHA NE 68114

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

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:

MARIANNE ETERNO

5/1/00 847.460.4765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)