

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007212

1. Entity Name

THE FLORIDA INSURANCE FORUM, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 PM 3:56

Principal Place of Business 112 S WEST STREET 4TH FLOOR ALEXANDRIA VA 22314 US	Mailing Address 112 S WEST ST 4TH FLOOR ALEXANDRIA VA 22314 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 54-1882908	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPAMERICA, INC. 416 S.E. 15 STREET FORT LAUDERDALE FL 33316
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DT SOUTHEY, ROB 360 CENTRAL AVE ST PETERSBURG FL 33733 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOOMEN, LEE 7440 WOODLAND HILLS DR INDIANAPOLIS IN 46279 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP ETERNO, MARIANNE 1275 MILWAUKEE AVE GLENVIEW IL 60025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ETERNO, MARIANNE 1275 MILWAUKEE AVE GLENVIEW IL 60025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITZER, STEVE 1212 NORTH 96TH OMAHA NE 68114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT J. P. Wieske 3100 AMS Boulevard Greenbay, WI 54313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004639807--2 -10/17/01--01052--012 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 9/10/01 847.460.4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)



May 7, 2001

Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 2001 Uniform Business Report - Florida Insurance Forum

Dear Mr. Toner:

Enclosed please find check #201, in the amount of \$61.25, made payable to the Department of State. This check is a replacement for check #193, which was issued, in error, to CorpAmerica.

I appreciate your assistance in this matter, and trust the remittance and receipt of this check allows you to finish processing the Florida Insurance Forum's UBR.

Please call me at 847.460.4765, if you have any further questions or concerns.

Kindest regards,

A handwritten signature in black ink, appearing to read "Marianne Eterno", is written over a horizontal line.

Marianne Eterno
Chairman of the Board &
President

enc.

MAE/mm