

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001184

1. Entity Name

HURRICANE PROTECTION ASSOCIATION, INC.

Principal Place of Business

450 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309

Mailing Address

450 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309-2144

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 **65-0941739**  
**APPLIED FOR**

Applied For  
Not Applied

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

SMITH, JEFFREY B  
1401 EAST BROWARD BOULEVARD  
SUITE 206  
FORT LAUDERDALE FL 33301

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, LEROY A</b>	
STREET ADDRESS	<b>450 W MCNAB RD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROCI, ANDREA</b>	
STREET ADDRESS	<b>450 W MCNAB RD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROETTGER, ALFRED W</b>	
STREET ADDRESS	<b>450 W MCNAB RD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEMS, RAY</b>	
STREET ADDRESS	<b>450 W MCNAB RD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-12-00 954-974-3300**

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

01-25-2000 90026 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE