

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002423

1. Entity Name

THE MOTION PICTURE & TELEVISION UNDERWRITERS SOC

Principal Place of Business

1601 FORUM PLACE, SUITE 403  
CENTURION PLAZA  
WEST PALM BEACH FL 33401

Mailing Address

1601 FORUM PLACE, SUITE 403  
CENTURION PLAZA  
WEST PALM BEACH FL 33401

*NEW address*

2. Principal Place of Business

*200 West Palm Beach Blvd*

3. Mailing Address

Suite, Apt. #, etc.

*306*

City & State

*Boca Raton FL*

City & State

Zip

*33432*

Country

Zip

*33432*

Country

4. FEI Number

*65-0911721*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, ELLIOT S  
1601 FORUM PLACE, SUITE 403  
CENTURION PLAZA  
WEST PALM BEACH FL 33401

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

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 **D** ☐ Delete  
NAME **WENECK, ROBERT**  
STREET ADDRESS **5000 N OCEAN BLVD, BLDG B #1108**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete  
NAME **SHAW, ELLIOT S**  
STREET ADDRESS **1601 FORUM PLACE #403**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete  
NAME **SHAW, FELECIA H**  
STREET ADDRESS **220 MARLBOROUGH RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

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

TITLE ☐ Change ☐ Addition  
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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:

*SIG [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90058 033 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)