

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000006113

FILED  
Jan 21, 2003  
Secretary of State

Entity Name: LENNAR INSURANCE SERVICES, INC.

## Current Principal Place of Business:

730 NW 107 AVE.  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

730 NW 107 AVE.  
MIAMI, FL 33172 US

## New Mailing Address:

700 NW 107 AVE.  
SUITE 300  
MIAMI, FL 33172 US

FEI Number: 65-1122290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCAIN, DAVID B ESQ  
700 NW 107 AVE.  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

MCCAIN, DAVID B ESQ  
700 NW 107 AVE.  
SUITE 400  
MIAMI, FL 33172 US

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: DAVID B. MCCAIN

01/21/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PEKOR, ALLAN J  
Address: 730 NW 107 AVE.  
City-St-Zip: MIAMI, FL 33172 US

Title: DP ( ) Delete  
Name: NIGRELLI, JOHN S  
Address: 730 NW 107 AVE.  
City-St-Zip: MIAMI, FL 33172 US

Title: DV ( ) Delete  
Name: KAMINSKY, NANCY  
Address: 730 NW 107 AVE.  
City-St-Zip: MIAMI, FL 33172 US

Title: V ( ) Delete  
Name: THIBODEAUX, MICHAEL  
Address: 10707 CLAY ROAD  
City-St-Zip: HOUSTON, TX 77041 US

Title: VST ( ) Delete  
Name: MUNOZ, JANICE  
Address: 730 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PEKOR, ALLAN J  
Address: 700 NW 107 AVE., SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: DP (X) Change ( ) Addition  
Name: NIGRELLI, JOHN S  
Address: 700 NW 107 AVE., SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: DV (X) Change ( ) Addition  
Name: KAMINSKY, NANCY  
Address: 730 NW 107 AVE., SUITE 300  
City-St-Zip: MIAMI, FL 33172 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. NIGRELLI

DP

01/21/2003

Electronic Signature of Signing Officer or Director

Date