

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 06, 2001 8:00 am  
Secretary of State

08-06-2001 90072 031 \*\*\*550.00

0094372 AV

DOCUMENT # P21306

1. Entity Name

MASTER PROTECTION CORPORATION

Principal Place of Business

520 BROADWAY BLVD., SUITE 650  
SANTA MONICA CA 90401

Mailing Address

520 BROADWAY BLVD., SUITE 650  
SANTA MONICA CA 90401

2. Principal Place of Business

12800 University Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Fort Myers FL

3. Mailing Address

Legal Dept.  
12800 University Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Fort Myers FL

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

4. FEI Number

94-3077928

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POLAN, JOSHUA A.	
STREET ADDRESS	475 STEAMBOAT ROAD	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKLEY, WILLIAM R.	
STREET ADDRESS	165 MASON ST	
CITY-ST-ZIP	GREENWICH CT	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEBUIR, DEAN	
STREET ADDRESS	520 BROADWAY STE 650	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURSKY, ANDREW M	
STREET ADDRESS	435 STEAMBOAT RD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	V/P	<input type="checkbox"/> Delete
NAME	FISHER, NICKOLAS K.	
STREET ADDRESS	520 BROADWAY, STE. 650	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILES, ROBERT L.	
STREET ADDRESS	520 BROADWAY, SUITE 650	
CITY-ST-ZIP	SANTA MONICA CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polan, Joshua A.	
STREET ADDRESS	165 Mason St.	
CITY-ST-ZIP	Greenwich CT 06830	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiles, Robert L.	
STREET ADDRESS	12800 University Dr., #400	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	deBuhr, Dean	
STREET ADDRESS	12800 University Dr., #400	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Detzel, Christopher A.	
STREET ADDRESS	12800 University Dr., #400	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, Nickolas K.	
STREET ADDRESS	12800 University Dr., #400	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kennedy, Tom L.	
STREET ADDRESS	12800 University Dr., #400	
CITY-ST-ZIP	Fort Myers FL 33907	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Christopher A. Detzel, Corporate Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01

(941) 985-2150

Date

Daytime Phone #

CR2E034 (5/01)