

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90042 039 \*\*\*150.00

**DOCUMENT # P92000003154**



1. Entity Name  
**FLORIDA HOMEBUYERS INSURANCE, INC.**

Principal Place of Business  
**3607 E BAY DR  
UNIT 111  
HOLMES BEACH FL 34217  
US**

Mailing Address  
**PO BOX 1164  
HOLMES BEACH FL 34218  
US**

**70011562**



2. Principal Place of Business  
**192 Wild Horse Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**192 Wild Horse Dr**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Desert CA. 92211**

City & State  
**Palm Desert CA.**

4. FEI Number **65-0378866**

Applied For  
☐ Not Applicable

Zip  
**92211**

Country  
**US**

Zip  
**92211**

Country  
**US**

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

**GLANZ, REYNOLD L  
2366 LANDINGS CR  
BRADENTON FL 34209**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**~~192 Wild Horse Dr~~ N/A R.C.**  
City **~~Palm Desert CA~~** Zip Code **~~92211~~**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ***Reynold L Glanz*** DATE **1-12-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLANZ, REYNOLD L 9801 GULF DRIVE ANNA MARIA FL 34216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLANZ, REYNOLD L 3607 E BAY DR, UNIT 111 HOLMES BEACH FL</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: ***Reynold L Glanz*** DATE **1-12-03** DAYTIME PHONE # **941-915-1954**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)