

P93000023557

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>Aderna &amp; Zeder, P.A.</u>	EIN or SS#: <u>59-2746043</u>
Address: <u>2601 S. Bayshore Drive, Suite 1600</u> <u>Miami, Florida 33133</u>	
Amount: <u>\$87.50</u>	Date Paid: <u>August 28, 1997</u>
Reason for Claim: <u>Withdrawal of name change amendment for INSURANCE DATA RESOURCES,</u> <u>INC. (Document #P93000023557)</u>	
Certified true and correct this <u>2<sup>nd</sup></u> day of <u>September</u> , 19 <u>97</u>	
Signature <u>Justin T. Wilson, Legal Assistant</u>	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	

/LFJ

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 87.50

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on

State Treasurer's Receipt No. 01121-018 dated 8-25-97

NAME OF ACCOUNT:

45202130001453000000000010000

Statutory Authority for Collection: 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

45202130001453000000002002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations

(Agency)

(Authorized Agency Signature and Title)

**ADORNO & ZEDER**

A PROFESSIONAL ASSOCIATION

2601 SOUTH BAYSHORE DRIVE  
SUITE 1600

MIAMI, FLORIDA 33133  
TELEPHONE (305) 858-5555  
WORLD WIDE WEB <http://www.adorno.com>

August 21, 1997

FACSIMILE  
(305) 858-4777

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

100002276341--0  
-08/25/97--01121--018  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Attention: Amendments

Re: INSURANCE DATA RESOURCES, INC.

Dear Sir/Madam:

Enclosed please find an originally executed copy and one photocopy of the Articles of Amendment to the Articles of Incorporation for the above-captioned entity along with a check in the amount of \$87.50 made payable to the Florida Department of State. Please file the aforementioned document as soon as practicable and provide the undersigned with a certified copy thereafter.

Thank you in advance for your attention to this matter. Please feel free to contact the undersigned directly at (305) 860-7098 if there are any questions or comments.

Sincerely,

ADORNO & ZEDER, P.A.

*Justin T. Wilson*  
Justin T. Wilson  
Legal Assistant

encl.

JTW/C:LTRCOV/110558/10724.001

FORT LAUDERDALE

\*789,705,708,767

**ADORNO & ZEDER**

A PROFESSIONAL ASSOCIATION

2601 SOUTH BAYSHORE DRIVE  
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MIAMI, FLORIDA 33133

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September 2, 1997

FACSIMILE  
(305) 858-4777

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Louise Flemming-Jackson

**Re: APPLICATION FOR REFUND**

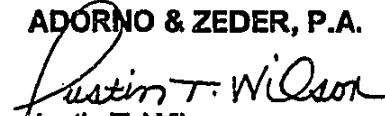
Dear Ms. Jackson:

Enclosed is the Application for Refund. Please issue a refund check to the applicant as soon as practicable.

Please feel free to contact the undersigned directly at (305) 860-7098 if you have any questions.

Sincerely,

**ADORNO & ZEDER, P.A.**

  
Justin T. Wilson  
Legal Assistant

encl.

JTW/C.LTRCOV/112367/10724.001



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**August 28, 1997**

**Justin T. Wilson**  
**% Adorno & Zeder**  
**2601 S. Bayshore Dr., suite 1600**  
**Miami, FL 33133**

**SUBJECT: INSURANCE DATA RESOURCES, INC.**  
**Ref. Number: P93000023557**

**We have received your document for INSURANCE DATA RESOURCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):**

**Your document is being returned as requested.**

**Enclosed is an application for refund.**

**If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.**

**Louise Flemming-Jackson**  
**Corporate Specialist Supervisor**

**Letter Number: 497A00043436**