

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

0258394 AV

**DOCUMENT # P93000052255**

1. Entity Name  
**FOUNDERS INSURANCE, INC.**

02-01-2002 90061 038 \*\*\*150.00

Principal Place of Business  
**16300 NE 19TH AVE**  
**STE 245**  
**MIAMI FL 33162**  
**US**

Mailing Address  
**16300 NE 19TH AVE**  
**STE 245**  
**MIAMI FL 33162**  
**US**



2. Principal Place of Business  
**1990 NE 163 ST**

3. Mailing Address  
**1990 NE 163 ST**

Suite, Apt. #, etc.  
**103**

Suite, Apt. #, etc.  
**103**

DO NOT WRITE IN THIS SPACE

City & State  
**NO. MIAMI BEACH, FL**

City & State  
**NO. MIAMI BEACH FL**

4. FEI Number  
**65-0450671**

Applied For  
 Not Applicable

Zip  
**33162** Country  
**MIAMI-DADE**

Zip  
**33162** Country  
**MIAMI-DADE**

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

**BENNETT, MARILYN C**  
**16300NE 19TH AVE ST 245**  
**MIAMI FL 33162**

Name  
**BENNETT, MARILYN, C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1990 NE 163 ST**  
**Ste 103**  
 City  
**NO. MIAMI BEACH** FL Zip Code  
**33162**

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 **MARILYN C. BENNETT** **1-15-02**  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**BENNETT, MARILYN C.**  
**240 POINCIANA ISLE DR**  
**SUNNY ISLES BEACH FL 33160**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**BENNETT, DEREK J**  
**240 POINCIANA ISLE DR**  
**SUNNY ISLES FL 33160**

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

TITLE  
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 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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.

SIGNATURE **Marilyn C. Bennett** **1/21/01** **305 949 4242**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)