

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039458

1. Entity Name

SERVICE INSURANCE ASSOCIATES OF BOCA RATON, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90170 038 ***150.00

Principal Place of Business

500 NE SPANISH RIVER BLVD
STE 105B
BOCA RATON FL 33431
US

Mailing Address

5356 LAKE OSBORNE DR
LAKE WORTH FL 33461-6052
US

2. Principal Place of Business

4910 BLUE LAKE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

City & State

BOCA RATON FL

City & State

Zip

33431

Country

USA

Country

4. FEI Number

65-0499454

Applied For

Not Applicable

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

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 \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	SILVER, LAWRENCE B.	
STREET ADDRESS	5356 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JEANNE	
STREET ADDRESS	1173 SW 120 WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SILVER, JANIS E	
STREET ADDRESS	5356 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Damian L. Silver	
STREET ADDRESS	5356 Lake Osborne Drive	
CITY-ST-ZIP	Lake Worth, Florida 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

561-999-0990

Daytime Phone #