

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070779

1. Entity Name

J.E. MURPHY COMPANY PREMIUM FINANCE, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90136 021 \*\*\*150.00

Principal Place of Business

572 E MCNAB RD  
POMPANO BEACH FL 33060  
US

Mailing Address

P. O. BOX 6368  
FT. LAUDERDALE FL 33060-9355  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 6068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. Lauderdale, FL

Zip

Country

Zip

Country

33310-6068

U.S.

4. FEI Number

65-0618284

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

PAULSON, CLAUDETTE  
6440 NW 5TH WAY  
FT LAUDERDALE FL 33309

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	DP	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES L	
STREET ADDRESS	2200 NE 33RD AVE 16B	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, J E	
STREET ADDRESS	4536 E FOOTHILL DR	
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CARRIE, LORRAINE	
STREET ADDRESS	1597 NE 26TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAULSEN, CLAUDETTE	
STREET ADDRESS	9201 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES L	
STREET ADDRESS	2200 NE 33rd AVE 16B	
CITY-ST-ZIP	FT LAUDERDALE, FL. 33305	
TITLE	D/P/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, DARRYL D.	
STREET ADDRESS	2065 South 4th Street	
CITY-ST-ZIP	West Des Moines, IA. 50265	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIE, LORRAINE	
STREET ADDRESS	1597 NE 26th COURT	
CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
TITLE	SVP/S/GEN COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, THOMAS C.	
STREET ADDRESS	608 46th STREET	
CITY-ST-ZIP	DES MOINES, IA. 50312	
TITLE	D/SVP/T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, DOUGLAS K.	
STREET ADDRESS	13901 South Shore Drive	
CITY-ST-ZIP	Clive, IA.	
TITLE	D/SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EATON, JEFFREY D.	
STREET ADDRESS	13961 South Shore Drive	
CITY-ST-ZIP	CLIVE, IA.	

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:

*James L. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-2000 1-954-781-3470 ED  
203

CR2E034 (9/99)