

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90026 050 ***150.00

DOCUMENT # P96000032237

1. Entity Name

K & K INSURANCE GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

123 N WACKER DR
 CHICAGO IL 60606
 US

P.O. BOX 8264
 CHICAGO IL 60680-8264
 US

715601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3383579**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	REPASS, JOSEPH	123 N WACKER DR	CHICAGO IL	<input type="checkbox"/>
VP	MONTERO, GERALD	123 N WACKER DR	CHICAGO IL	<input checked="" type="checkbox"/>
T	HARDY, ARLENE H	123 N WACKER DR	CHICAGO IL	<input type="checkbox"/>
S	JESCHKE, ARLENE	123 N WACKER DR	CHICAGO IL	<input type="checkbox"/>
V	BAER, JEROME I	123 N WACKER DR	CHICAGO IL	<input type="checkbox"/>
CEO	LUNSFORD, STEPHEN	123 N WACKER	CHICAGO IL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
	Gerald Montero	123 N. Wacker Dr	Chgo, IL 60606	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 info 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 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 B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME I. BAER - V.P. TAXES *Jerome I Baer* 2/6/00 312-701-3978
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #