

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065190

1. Entity Name

BOSTICK & CARNEGIE INSURANCE SPECIALTY CORPORATI

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90034 017 ***150.00

Principal Place of Business

Mailing Address

2196 PRINCETON STREET
SARASOTA FL 34237

2196 PRINCETON STREET
SARASOTA FL 34237-3435

C0011434

2. Principal Place of Business

4041 PRARIE VIEW DR

3. Mailing Address

P.O. BOX 49944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0690674

Applied For

(Not Applicable)

Zip

Country

34237

USA

Zip

Country

34230

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ☐ Delete
NAME BOSTICK, ROBERT J
STREET ADDRESS 2 WINDY HILL DRIVE
CITY-ST-ZIP WILLOUGHBY OH 44094

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

TITLE C ☐ Delete
NAME RUBIN, ALAN S
STREET ADDRESS 18102 PARKALND DRIVE
CITY-ST-ZIP SHAKER HTS. OH 44122

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

TITLE D ☐ Delete
NAME PAXSON, PAUL
STREET ADDRESS 7812 GENEVA LANE
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4041 PRARIE VIEW DR
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert J. Bostick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 440-439-5555
Date Daytime Phone #