

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066457

1. Entity Name

DORAN-ELDRIDGE INSURANCE MANAGEMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 91422 024 ***150.00

Principal Place of Business

Mailing Address

400 S.W. BOCA RATON BLVD.
BOCA RATON FL 33432

400 S.W. BOCA RATON BLVD.
BOCA RATON FL 33432-5991

2. Principal Place of Business

2000 NW BOCA RATON BLVD.

3. Mailing Address

P.O. Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431-7444

Country

Zip

33429-0250

Country

6. Name and Address of Current Registered Agent

ELDRIDGE, CHARLES W
400 S.W. BOCA RATON BLVD.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

2000 NW BOCA RATON BLVD.

SUITE 2

City

BOCA RATON

FL

Zip 33431

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

TITLE	PVP	<input type="checkbox"/> Delete
NAME	ELDRIDGE, CHARLES W	
STREET ADDRESS	1583 S.W. 5TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELDRIDGE, RENEE H	
STREET ADDRESS	1583 S.W. 5TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33432	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

CHARLES W. ELDRIDGE

Date

4/28/00

Daytime Phone #

561-395-1102

CR2E034 (9/99)