

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90102 034 ***150.00

DOCUMENT # P96000067362

1. Entity Name

PENINSULA INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

1212 E. LAS OLAS BLVD.
 SUITE B
 FT. LAUDERDALE FL 33301

PO BOX 1161
 DEERFIELD BEACH FL 33443-1161

2. Principal Place of Business

3. Mailing Address

1040 BAYVIEW DR

1040 BAYVIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 410

SUITE 410

City & State

City & State

FT LAUDERDALE FL

FT LAUDERDALE, FL

Zip

Country

Zip

Country

33304

USA

33364

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0694248

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

CLEVELAND, GEORGE T.
2801 N. COURSE DR #J107
POMPANO BCH FL 33069

Name **GEORGE T. CLEVELAND**

Street Address (P.O. Box Number Is Not Acceptable)

900 S.E. 14TH CT.

City **DEERFIELD BCH**

FL

Zip Code **33441**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	P	CLEVELAND, GEORGE T	2801 N. COURSE DRIVE J-107	POMPANO BEACH FL 33069	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	CLEVELAND, GEORGE T.	900 S.E. 14TH CT.	DEERFIELD BCH, FL 33441	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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 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: *George T. Cleveland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-22-00** Daytime Phone #: **954-638-0477**

CR2E034 (9/99)