

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90330 022 \*\*\*150.00

**DOCUMENT # P96000067798**

1. Entity Name

THE INSURANCE ASSOCIATES OF THE PALM BEACHES, IN C. ✓

Principal Place of Business

23 COMMODORE PLACE  
 PALM BEACH GARDENS FL 33418

Mailing Address

4521 PGA BLVD  
 PMB 41  
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0698705**

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

HARVIN, EZRA G  
 PMB 410  
 4521 PGA BLVD  
 PALM BEACH GARDENS FL 33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *E. G. Harvin*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME DP  
 STREET ADDRESS HARVIN, EZRA G  
 CITY-ST-ZIP 25 COMMODORE PL  
 PALM BEACH GARDENS FL 33410

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*E. G. Harvin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-844-2043

7/13/02

CR2E034 (4/02)

THIS IS THE 1<sup>ST</sup>  
 & ONLY REQUEST  
 FOR PAYMENT THAT  
 I RECEIVED. PER  
 MY CONVERSATION  
 WITH MATT  
 ANDREWS I AM  
 ENCLOSING 150<sup>00</sup>  
 THANK YOU

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