

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90185 040 ***150.00

DOCUMENT # P96000073020

1. Entity Name
PHOENIX OF FLORIDA INSURANCE OF LAKE WORTH, INC.

Principal Place of Business 3850 LAKE WORTH ROAD #5 LAKE WORTH FL 33461	Mailing Address 3850 LAKE WORTH ROAD #5 LAKE WORTH FL 33461-4000
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0691675** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPECIALE, DOLORES
 12680 WHITE CORAL DR.
 WELINGTON FL 33414**

Name **DOLORES SPECIALE**
 Street Address (P.O. Box Number is Not Acceptable)
**2173 CHICCHARNIES
 W. PALM BEACH**
 City **FL** Zip Code **33411**

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 *John Specian* DATE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	SPECIALE, DOLORES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3850 LAKE WORTH RD, #5	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	
VD <input type="checkbox"/> Delete	SPECIALE, JOSEPH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3850 LAKE WORTH RD, #5	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	
SD <input type="checkbox"/> Delete	TAPIA, MICHELE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3850 LAKE WORTH RD, #5	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	
T <input type="checkbox"/> Delete	SPECIALE, DOLORES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3850 LAKE WORTH RD, #5	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *John Specian*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-7-00** Daytime Phone # **561-641-5311**

CR2E034 (9/99)