

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90137 021 ***150.00

DOCUMENT # P96000082710

1. Entity Name
COMMUNITY INSURANCE, INC.



Principal Place of Business
**4450 W. SUNRISE BLVD.
SUITE 100
PLANTATION FL 33318**

Mailing Address
**PO BOX 189013
PLANTATION FL 33318**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0730206**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAUGHAN, CRAIG A
4450 W. SUNRISE BLVD.
SUITE 100
PLANTATION FL 33318**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P**
STREET ADDRESS **DONNELLY, JAMES P**
CITY-ST-ZIP **2544 EAGLE RUN
WESTON FL 33327**

TITLE Change Addition
NAME **CHAIRMAN**
STREET ADDRESS **James Donnelly**
CITY-ST-ZIP **4450 W. SUNRISE BLVD
PLANTATION, FL 33313**

TITLE Delete
NAME **VST**
STREET ADDRESS **VAUGHAN, CRAIG A**
CITY-ST-ZIP **1110 WESTON RD. #121
FT. LAUDERDALE FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **President**
STREET ADDRESS **James Hartman**
CITY-ST-ZIP **4450 W. SUNRISE BLVD
PLANTATION, FL 33313**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Donnelly 1/8/03 954-742-6000

Date Daytime Phone #

CR2E034 (10/02)