

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019412

1. Entity Name

FLORIDA LAWYERS REINSURANCE COMPANY

Principal Place of Business

Mailing Address

3504 LAKE LYNDA DRIVE  
SUITE 325  
ORLANDO FL 32817-1484

3504 LAKE LYNDA DRIVE  
SUITE 325  
ORLANDO FL 32817-8459

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

59-3434988

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

THOMPSON, WILLIAM L JR  
ONE INDEPENDENT DRIVE  
SUITE 3131  
JACKSONVILLE FL 32202

Change of Address

Name

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

2301 Park Avenue, Suite 404

City

Orange Park

FL

Zip Code

32073

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 ☐ Delete  
NAME D  
STREET ADDRESS FERRERO, RAY F JR  
CITY-ST-ZIP 707 SE 3RD AVE. #600  
FORT LAUDERDALE FL 33302-4604

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DISQUE, PHILIP A  
CITY-ST-ZIP 707 SE THIRD AVENUE, #400  
FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KENNY, JAMES J  
CITY-ST-ZIP 201 S BISCAYNE BLVD, 400 MIAMI CENTER  
MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add  
NAME DT  
STREET ADDRESS Disque, Philip A  
CITY-ST-ZIP 707 SE Third Avenue, #400  
Fort Lauderdale, FL 33316

TITLE ☐ Change ☐ Add  
NAME D  
STREET ADDRESS Kenny, James J  
CITY-ST-ZIP 58 Thaynes Canyon Drive  
Park City, UT 84060

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

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

TITLE ☐ Change ☐ Add  
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 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

Philip A. Disque

1/26/00

Date

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90067 035 \*\*\*150.00

00015066



DO NOT WRITE IN THIS SPACE