

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030736

1. Entity Name

INSIGHT VENTURES, INC.

Principal Place of Business

218 ROYAL PALM WAY  
BEACH FL 33480

Mailing Address

218 ROYAL PALM WAY  
PALM BEACH FL 33480-4303

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

KRASKER, PAUL A ESQ.  
MOYLE, FLANIGAN ET AL  
625 N. FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Marc Haisfield

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

218 Royal Palm Way

City

Palm Beach

FL

Zip Code

33480

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Marc Haisfield, V.P.

2/29/00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HAISFIELD, LISA	
STREET ADDRESS	218 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAISFIELD, MARC	
STREET ADDRESS	218 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 addendum, with all other like empowered.

SIGNATURE:

Marc Haisfield, V.P.

2/29/00

361-655-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-04-2000 90116 033 \*\*\*150.00

FILED

March 1

2000

03-MAR-20-AM 11:04

CR2E034 (9/99)