

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067044

1. Entity Name

FRONTLINE INSURANCE MANAGERS INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90027 020 ***150.00

Principal Place of Business	Mailing Address
8875 HIDDEN RIVER PKWY STE 300 TAMPA FL 33637	99 HILLSIDE AVE STE 990 WILLISTON PARK NY 11596-2333 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
13-3963337	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMIN, GARY P
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

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.

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	D	<input type="checkbox"/> Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 PAIRRSETTA LANE	
CITY-ST-ZIP	MANHATTAN BEACH CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNHAM, FRANK G III	
STREET ADDRESS	6229 KENWICK	
CITY-ST-ZIP	FT WORTH TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-ST-ZIP	SUMMIT NJ	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BASHAM, NORMAN	
STREET ADDRESS	185 HIGHLAND AVE	
CITY-ST-ZIP	MONTCLAIR NJ 07042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	DURR, CHARLES E	
STREET ADDRESS	75 COLONIAL AVE	
CITY-ST-ZIP	WILLISTON PARK NJ	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 address, with all other like empowered.

SIGNATURE: CHARLES E DURR **SIGNATURE REQUIRED** 1/17/00 (516) 248-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)