

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067044

1. Entity Name

FRONTLINE INSURANCE MANAGERS INC.

FILED

Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90021 030 \*\*\*150.00

0586083

Principal Place of Business  
8875 HIDDEN RIVER PKWY  
STE 300  
TAMPA FL 33637

Mailing Address  
99 HILLSIDE AVE  
STE 990  
WILLISTON PARK NY 11596  
US

00004471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 13-3963337  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TIMIN, GARY P  
106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
215 MONROE STREET  
SUITE 601  
City TALLAHASSEE FL Zip Code 32301

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 PAIRSETTA LANE	
CITY-ST-ZIP	MANHATTAN BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNHAM, FRANK G III	
STREET ADDRESS	6229 KENWICK	
CITY-ST-ZIP	FT WORTH TX	
TITLE	C	<input type="checkbox"/> Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASHAM, NORMAN	
STREET ADDRESS	185 HIGHLAND AVE	
CITY-ST-ZIP	MONTCLAIR NJ 07042	
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"/> 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN BARHAM	
STREET ADDRESS	13782 MONACO WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	WILLISTON PARK, N.Y. 11596	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY KELLER	
STREET ADDRESS	777 MAIN STREET SUITE 1000	
CITY-ST-ZIP	FORT WORTH, TEXAS 76107	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHARLES E DURR

118101

Date

(516) 248-8826

Daytime Phone #

CR2E034 (10/00)