

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90130 046 \*\*\*150.00

DOCUMENT # **P98000082935**

1. Entity Name  
**WINTER PARK INSURANCE INVESTMENTS, INC.**



Principal Place of Business  
**1780 N KROME AVE  
HOMESTEAD FL 33030**

Mailing Address  
**P.O. BOX 1505  
HOMESTEAD FL 33090**

**11011705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3534300**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LUND, L ALAN  
17363 SW 267 LANE  
HOMESTEAD FL 33031**

Name

**L. ALAN LUND**

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

**1780 N. KROME AV.**

City

**HOMESTEAD**

FL

Zip Code

**33030**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-21-03**

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 **PD** ☐ Delete  
NAME **LUND, L. ALAN**  
STREET ADDRESS **17363 SW 267 LANE**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LUND, L. ALAN**  
STREET ADDRESS **1780 N. KROME AV**  
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **VPD** ☐ Delete  
NAME **NENEZIAN, GEORGE**  
STREET ADDRESS **700 ABERDEEN WAY**  
CITY-ST-ZIP **MIAMI LAKES FL**

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

TITLE **STD** ☐ Delete  
NAME **JONES, THOMAS R JR.**  
STREET ADDRESS **17950 SW 285 STREE**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

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

TITLE **D** ☐ Delete  
NAME **KUVIN, LAWRENCE P**  
STREET ADDRESS **340 SUNSET DR APT 702**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **D** ☒ Delete  
NAME **TOFFOLI, MICHAEL L**  
STREET ADDRESS **102 SPRINGS LAKE LN.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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:

**L. Alan Lund**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-21-03 305-246-7502**

Date

Daytime Phone #

CR2E034 (10/02)