

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90443 008 \*\*\*650.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000094729

1. Entity Name

BUCHAN INSURANCE GROUP INC

671694

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

150 SE 12 ST

3. Mailing Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

FORT LAUDERDALE FL

City &amp; State

FL

4. FEI Number

65-0887941

Applied For

Not Applicable

Zip

33316

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

Support the typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when removing agent)

(DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPD. Douglas T. BUCHAN  
150 SE 12 ST #100  
FT LAUDERDALE FL 33316TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPMARGARET M. BUCHAN  
150 SE 12 ST #100  
FT LAUD. FL. 33316TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE  
NAME  
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STREET ADDRESS  
CITY- ST- ZIP**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas T. BUCHAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02

Date

Exemption Number

CR2ED34B (12/01)