

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066630

1. Entity Name

TIPTREE SERVICES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90074 033 \*\*\*150.00

Principal Place of Business

Mailing Address

4800 N. FEDERAL HWY., STE. 307B  
BOCA RATON FL 33431

4800 N. FEDERAL HWY., STE. 307B  
BOCA RATON FL 33431-5145

2. Principal Place of Business

3. Mailing Address

10363 186th Ct South

10363 186th Ct South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Fla.

Boca Raton, Fla.

Zip

Country

Zip

Country

33498

33498

4. FEI Number

125-0946990

Applied For

Not Applicable

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

GEROW, JEFFREY S ESQ.  
11176 S. TERRADAS LN.  
BOCA RATON FL 33428

Name

Jeffrey S. Gerow, Esq.

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

4800 N. Federal Highway #307B

City

Boca Raton

FL

Zip Code

33431

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]*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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 ☐ Delete  
NAME D  
STREET ADDRESS MILLER, JOSH  
CITY-ST-ZIP 11176 S. TERRADAS LN.  
BOCA RATON FL 33428

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10363 186th Ct. South  
CITY-ST-ZIP Boca Raton, Florida 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

561-289-3055

Daytime Phone #

CR2E034 (9/99)