

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # S07621**

1. Entity Name

**A & R INSURANCE ENTERPRISES, INC.**

Principal Place of Business  
1700 E. HILLSBOROUGH AVE  
TAMPA FL 33810

Mailing Address  
110 S.E. 6TH STREET., 20TH FLOOR  
FT LAUDERDALE FL 33301

2. Principal Place of Business  
110 SE SIXTH STREET

3. Mailing Address  
110 SE SIXTH STREET

Suite, Apt. #, etc.  
20TH FLOOR

Suite, Apt. #, etc.  
20TH FLOOR

City & State  
FT LAUDERDALE FL

City & State  
FT LAUDERDALE FL

Zip  
33301

Country

Zip  
33301

Country

4. FEI Number  
**65-0222188**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**

**PLANTATION**  
**33324**

US

FL

**7. Name and Address of New 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

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

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

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**

TITLE ☐ Delete  
NAME **T HYLE KATHLEEN W**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME **VSD COLE JAMES O**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME **PD HAWKINS THOMAS W**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **T BOURHIS MARC L**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
NAME **VSD FERRANDO JONATHAN P**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
NAME **PD MAROONE MICHAEL E**  
STREET ADDRESS **110 S.E. 6TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE ☐ Change ☐ Addition  
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: JONATHAN P. FERRANDO

04/25/2000