

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70743

1. Entity Name

D.H. WILLIAMS INSURANCE ASSOCIATES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90079 046 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0262478

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

JOSEPH P. KLAPHOLZ, ESQ.
2500 HOLLYWOOD BOULEVARD
STE 212
HOLLYWOOD FL 33020

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)

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 PD ☐ Delete

NAME WILLIAMS, DAVID H.
STREET ADDRESS 1650 S.W. 23RD TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VPD ☐ Delete

NAME SMITH, DONNA MARIE
STREET ADDRESS 1500 CORDOVA ROAD, SUITE 306
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE TD ☐ Delete

NAME STOLL, DIANE
STREET ADDRESS 1500 CORDOVA RD., SUITE 306
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

DAVID H. WILLIAMS

Date

3/16/00

Daytime Phone #

9547679500

CR2E034 (9/99)