

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90007 049 ***150.00

DOCUMENT # S84410

1. Entity Name

FLORIDA SPECIALTY INSURANCE UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

15175 EAGLE NEST LANE
SUITE 105
MIAMI LAKES FL 33014
US

15175 EAGLE NEST LANE
SUITE 104
MIAMI LAKES FL 33014-2244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MT. DORA, FL

Zip

Country

Zip

Country

32757

45

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, JOHN P JR.
15175 EAGLE NEST LANE, #104
MIAMI LAKES FL 33014

Name

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

851 N. DONNELLY ST.

City

MT. DORA

FL

Zip Code

32757

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	DP	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN P JR	
STREET ADDRESS	15175 EAGLE NEST LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAVIS, HARRIETT H	
STREET ADDRESS	15175 EAGLE NEST LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

352-383-4673

Daytime Phone #

CR2E034 (9/99)