

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90125 046 ***150.00

DOCUMENT # F00000005354

1. Entity Name

ATLANTIC SPECIALTY INSURANCE COMPANY

Principal Place of Business

**100 WALL STREET
NEW YORK NY 10005**

Mailing Address

**100 WALL STREET
NEW YORK NY 10005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3362309**

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

**GUTMAN, DAVID M
100 TAMPA OAKS BLVD., STE 245
TEMPLE TERRACE FL 33637**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KERMIT 100 WALL STREET NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIMMER, ROBERT 100 WALL STREET NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAHON, NANCY 100 WALL STREET NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, MICHAEL 100 WALL STREET NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DORFI, KLAUS 100 WALL STREET NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, KENNETH 100 WALL STREET NEW YORK NY	☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/01 (973) 408-6000

CR2E034 (10/00)

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