

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002481

1. Entity Name

COAST NATIONAL INSURANCE COMPANY

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90115 012 ***150.00

Principal Place of Business

5701 STIRLING ROAD
DAVIE FL 33314-7431

Mailing Address

5701 STIRLING ROAD
DAVIE FL 33314-7429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0246701**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, DON
5701 STIRLING ROAD
DAVIE FL 33314

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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	RITTER, JAMES	5555 GARDEN GROVE BLVD	WESTMINSTER CA 92683	<input checked="" type="checkbox"/>
VD	ROSNER, JEFFREY	5701 STIRLING ROAD	DAVIE FL 33314	<input type="checkbox"/>
PD	SCHLESINGER, LESLIE	5701 STIRLING ROAD	DAVIE FL 33314	<input type="checkbox"/>
D	SIMON, DONALD	5701 STIRLING ROAD	DAVIE FL 33314	<input type="checkbox"/>
STD	SUTTON, RANDY	5701 STIRLING ROAD	DAVIE FL 33314	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

Randy D. Sutton **Randy D. Sutton** 4/24/00 (954) 316-5200

CR2E034 (9/99)