

L09000058647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

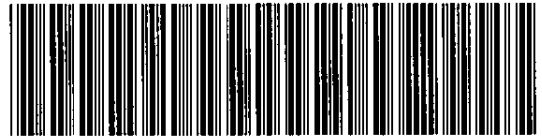
(Business Entity Name)

(Document Number)

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E. DENNARD

Malave, Erin

From: DeFreitas, Ron [Ron.DeFreitas@horacemann.com]
Sent: Friday, February 26, 2010 10:25 AM
To: CorpAddressChange
Subject: Address and FEI # Change

To Whom It may Concern:

Please update my FEI # to 80-0427069 and update my Principal Address, Registered Agent Name & Address, and Manager/Member Detail to 2590 Northbrooke Plaza Unit 303 Naples, FL 34119. My Doc # is L09000058647, The Company Name is GULF COAST EDUCATORS INSURANCE LLC.

Thanks Ron!

*Ron DeFreitas
Agency Owner
The Horace Mann Insurance Companies Auto/Home/Life/Retirement*

*2590 NorthBrook Plaza Unit 303
Naples, FL 34119
Phone: 239-591-0963
Fax: 239-591-4734
Ron.DeFreitas@horacemann.com*



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