

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90114 020 \*\*\*150.00

**DOCUMENT # 403515**

1. Entity Name

COLE UNDERWRITERS, INC.

Principal Place of Business

2240 PLAM BEACH LAKES BLVD  
 SUITE 400  
 W. PALM BEACH FL 33409  
 US

Mailing Address

P.O. BOX 3266  
 W. PALM BEACH FL 33402-3266  
 US

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

59-1596163

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

COLE, JOSEPH H., JR.  
 2240 PALM BEACH LAKES BLVD.  
 WEST PALM BEACH FL 33409

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

*Joseph H. Cole, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-01

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 ☐ Delete  
 NAME P  
 COLE JR, JOSEPH H  
 STREET ADDRESS 2240 PALM BCH LKS BLVD  
 CITY-ST-ZIP W PALM BEACH, FL 00000

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

TITLE ☐ Delete  
 NAME S  
 CALDWELL, MANLEY P.  
 STREET ADDRESS 324 ROYAL PALM WAY  
 CITY-ST-ZIP PALM BEACH FL

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

TITLE ☒ Delete  
 NAME V  
 POLLIS, SHARON L  
 STREET ADDRESS 2240 PALM BCH LKS BLVD  
 CITY-ST-ZIP W PALM BEACH FL

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

TITLE ☐ Delete  
 NAME T  
 SORY, J. R JR  
 STREET ADDRESS 2240 PALM BCH LKS BLVD  
 CITY-ST-ZIP W PALM BCH FL

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

TITLE ☐ Delete  
 NAME V  
 ALLEN, RAYMOND W. JR.  
 STREET ADDRESS 2240 PALM BEACH LAKE BLVD  
 CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Joseph H. Cole, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01 (561)683-8320

CR2E034 (10/00)