

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825463

1. Entity Name

TRANS WORLD ASSURANCE COMPANY

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90018 021 ***558.75

Principal Place of Business

885 SOUTH EL CAMINO REAL
SAN MATEO CALIFORNIA 94402

Mailing Address

885 SOUTH EL CAMINO REAL
SAN MATEO CALIFORNIA 94402

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

94-1567745

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

SOUTHERLAND, L.B.
3815 LYNN ORA DR.
PENSACOLA FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VD	<input checked="" type="checkbox"/> Delete
NAME	WOODBURY, C.P. III	
STREET ADDRESS	4060 BARRANCAS AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROYALS, N.E.	
STREET ADDRESS	4060 BARRANCAS AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROYALS, C.B.	
STREET ADDRESS	800 26TH AVENUE	
CITY-ST-ZIP	SAN MATEO, CA 94402	
TITLE	C	<input type="checkbox"/> Delete
NAME	BARTLETT, EARL JR	
STREET ADDRESS	1817 CANYON OAK COURT	
CITY-ST-ZIP	SAN MATEO, CA 94402	
TITLE	T	<input type="checkbox"/> Delete
NAME	VROOMAN, M. A	
STREET ADDRESS	4060 BARRANCAS AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, M.	
STREET ADDRESS	4060 BARRANCAS AVE.	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURY, B.J.	
STREET ADDRESS	600 W. BROADWAY SUITE 3100	
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f) 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

MA VROOMAN

7-13-00

Date

(850) 456-7401

Daytime Phone #

CR2E034 (5/00)