

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857805

1. Entity Name

CAL FED INSURANCE AGENCY, INC.

FILED

Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90117 006 \*\*\*150.00

Principal Place of Business

Mailing Address

413 NORTH BRAND BLVD.  
GLENDALE CA 91203-2305

413 NORTH BRAND BLVD.  
GLENDALE CA 91203-2305

00010740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2707935

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCOB	<input type="checkbox"/> Delete
NAME	KLEIN, WALTER C	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	WASHINGTON, LAWRENCE P T	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT B	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	WASHINGTON, VANESSA L	
STREET ADDRESS	135 MAIN STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENNETT, DAVID W	
STREET ADDRESS	135 MAIN STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	REESHA, JENNIFER A	
STREET ADDRESS	413 NORTH BRAND BLVD.	
CITY-ST-ZIP	GLENDALE CA 91203	

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
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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)(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:

*Jennifer Reesha*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)