

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90031 043 ***150.00

0587278

DOCUMENT # F00000002918

1. Entity Name

TIGERQUOTE.COM LIFE MANAGING GENERAL AGENCY, INC

Principal Place of Business

Mailing Address

~~16800 WEST GREENFIELD AVENUE~~
~~BROOKFIELD WI 53005~~

~~16800 WEST GREENFIELD AVENUE~~
~~BROOKFIELD WI 53005~~

2875 NE 191 St. #300
Miami FL 33180

2875 NE 191 St. #300
Miami FL 33180

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 **NOT APPLICABLE**
65-1014400

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 ROAD
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, 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	PD	<input type="checkbox"/> Delete
NAME	MEIER, BRADLEY I	
STREET ADDRESS	2875 N.E. 191ST STREET, #400-A 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	LYNCH, JAMES M	
STREET ADDRESS	2875 N.E. 191ST STREET, #400-A 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POWERS, JEFF	
STREET ADDRESS	16800 WEST GREENFIELD AVE.	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLAN, PATRIC	
STREET ADDRESS	4625 SOUTH WENDLER DRIVE, #111-39	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	V	<input type="checkbox"/> Delete
NAME	CREIGHTON, LARRY	
STREET ADDRESS	445 SOUTH FIGUEROA STREET, SUITE 2723	
CITY-ST-ZIP	LOS ANGELES CA 90071	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSHALL, ANDREW M	
STREET ADDRESS	13701 WEST JEWEL AVENUE, #255	
CITY-ST-ZIP	LAKEWOOD CO 80228	

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY I MEIER

Date

Daytime Phone #

4/5/01 (303) 792-4100

CR2E034 (10/00)