

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005655

1. Entity Name

ORBA INSURANCE SERVICES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90280 016 ***150.00

Principal Place of Business Mailing Address
2355 GOLD MEADOW WAY, SUITE 100 2355 GOLD MEADOW WAY, SUITE 100
GOLD RIVER CA 95670-4443 GOLD RIVER CA 95670-4443



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 94-2850529

Applied For

Not Applicable

Zip

Country

Zip

Country

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 P ☐ Delete
NAME CURRY, GARY
STREET ADDRESS 2355 GOLD MEADOW WAY, SUITE 100
CITY-ST-ZIP GOLD RIVER CA 95670-4443

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

TITLE VDP ☐ Delete
NAME JIMMERSON, RIK
STREET ADDRESS 2355 GOLD MEADOW WAY, SUITE 100
CITY-ST-ZIP GOLD RIVER CA 95670-4443

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

TITLE S ☐ Delete
NAME CURRY, KATHI
STREET ADDRESS 2355 GOLD MEADOW WAY, SUITE 100
CITY-ST-ZIP GOLD RIVER CA 95670-4443

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

TITLE T ☐ Delete
NAME CURRY, SUSAN
STREET ADDRESS 2355 GOLD MEADOW WAY, SUITE 100
CITY-ST-ZIP GOLD RIVER CA 95670-4443

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

TITLE D ☐ Delete
NAME VAHL, JERRY
STREET ADDRESS 570 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG FL 33716

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

TITLE D ☐ Delete
NAME COLLINS, HERB
STREET ADDRESS 570 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG FL 33716

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: Susan Curry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2001

Date

916-858-1222

Daytime Phone #

CR2E034 (10/00)