

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002481

1. Entity Name

COAST NATIONAL INSURANCE COMPANY

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90299 046 \*\*\*150.00

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>5701 STIRLING ROAD<br>DAVIE FL 33314-7431 | Mailing Address<br>5701 STIRLING ROAD<br>DAVIE FL 33314-7431 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>33-0246701 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |



DO NOT WRITE IN THIS SPACE

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>SIMON, DON<br>5701 STIRLING ROAD<br>DAVIE FL 33314 |  |
|-----------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
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| 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.<br><br>SIGNATURE _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ |  |
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|                                                                                                                                                       |                                                                                                                    |                                                                                   |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                              | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ROSNER, JEFFREY<br>5701 STIRLING ROAD<br>DAVIE FL 33314 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>SIMON, DONALD<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHLESINGER, LESLIE<br>5701 STIRLING ROAD<br>DAVIE FL 33314 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>MCPADDEN, MATTHEW, SEAN<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIMON, DONALD<br>5701 STIRLING ROAD<br>DAVIE FL 33314 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>HAMMOND, GREGORY<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>SUTTON, RANDY<br>5701 STIRLING ROAD<br>DAVIE FL 33314 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>BURTCH, DOUGLAS<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>HAYNE, RICHARD<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>NOLAN, KATHERINE<br>5701 STIRLING ROAD<br>DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |

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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DONALD SIMON 4/6/01 (954) 316-5150<br>Date Daytime Phone # |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|

CR2E034 (10/00)

Attachment

ADDITIONAL VICE PRESIDENT FOR COMPANY  
COAST NATIONAL INSURANCE COMPANY  
**F96000002481**

V/D  
PERSONIUS, JAMES  
5701 STIRLING ROAD  
DAVIE, FL 33314

ADDITION

# F 96000002481

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