

# " 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90482 001 \*\*\*450.00

17170

**DOCUMENT #** 198000006.15.  
**1. Entity Name**  
 BOMBARDIER CAPITAL INSURANCE AGENCY INC. ✓

**Principal Place of Business** 761 Mountain View Dr.  
 Colchester, VT 05446  
**Mailing Address** 12850 Gran Bay Pkwy W  
 Jacksonville, FL 32258

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** 59-3470211  
 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, 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**

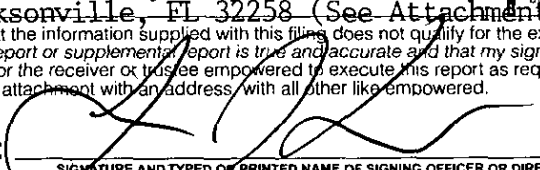
**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director and President Pierre Lortie 12850 Gran Bay Pkwy W Jacksonville, FL 32258	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director, VP and Secretary R. William Crowe 12850 Gran Bay Pkwy W Jacksonville, FL 32258	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director, VP and Treasurer Blaine H. Filthaut 12850 Gran Bay Pkwy W Jacksonville, FL 32258	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director and Vice President Francis C. Killackey 12850 Gran Bay Pkwy W Jacksonville, FL 32258	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Vice President Ronald G. Peace 12735 Gran Bay Pkwy W Jacksonville, FL 32258	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Vice President M. Donald Bochette 12735 Gran Bay Pkwy W Jacksonville, FL 32258 (See Attachment)	<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input 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:**  **Laurence W. Howard**  
 Assistant Secretary **5/18/00 904-288-1000**  
 Date Daytime Phone #

CR2E034 (9/99)

#F980000000615

Attach

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**BOMBARDIER CAPITAL INSURANCE AGENCY INC.  
ADDITIONAL OFFICERS**

Name	Title	Work Address
Daniel J. Bialon.	Vice President	12735 Gran Bay Parkway W. Jacksonville, FL 32258
Laurence W. Howard	Assistant Secretary	12850 Gran Bay Pkwy W. Jacksonville, FL 32258
Jean C. O'Neill.	Assistant Secretary	261 Mountain View Drive Colchester, VT 05446