

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004344

1. Entity Name

SABLE INSURANCE COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90272 033 ***150.00

Principal Place of Business

433 CALIFORNIA STREET, 11TH FL
SAN FRANCISCO CA 94104-2015

Mailing Address

433 CALIFORNIA STREET, 11TH FL
SAN FRANCISCO CA 94104-2015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3242543

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P RICE, EDWARD S 433 CALIFORNIA ST 11TH FL SAN FRANCISCO CA 91404	
TITLE NAME	VS SPENCER, SUSAN L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	433 CALIFORNIA ST., 11TH FL SAN FRANCISCO CA	
TITLE NAME	D BUSTI, DENNIS A	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	77 WATER STREET NEW YORK NY	
TITLE NAME	V FEKETE, KENNETH S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	77 WATER STREET NEW YORK NY	
TITLE NAME	D HUDSON, PAUL C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4835 W. VENICE BLVD LOS ANGELES CA	
TITLE NAME	D MARINO, ALBERT J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	77 WATER STREET NEW YORK NY	

TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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

MAY 15, 2000 (415) 228-4016

Date

Daytime Phone #

CR2E034 (9/99)