

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000477

1. Entity Name

SN INSURANCE SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90189 026 ***150.00

Principal Place of Business

26601 AGOURA ROAD
 CALABASAS CA 91302

Mailing Address

26601 AGOURA ROAD
 CALABASAS CA 91302-1959

2. Principal Place of Business
 26541 Agoura Road

3. Mailing Address
 26541 Agoura Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Calabasas, CA

City & State
 Calabasas, CA

4. FEI Number **95-4068160**

Applied For
 Not Applicable

Zip
 91302

Country
 USA

Zip
 91302

Country
 USA

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GENTZ, WILLIAM L	
STREET ADDRESS	18108 CHARDON CIRCLE	
CITY-ST-ZIP	ENCINO CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEAMAN, JONATHAN C	
STREET ADDRESS	4936 KILBURN COURT	
CITY-ST-ZIP	AGOURA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SENER, ARNOLD J	
STREET ADDRESS	35 BUCKSKIN ROAD	
CITY-ST-ZIP	BELL CANYON CA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NAGLE, ROBERT E	
STREET ADDRESS	49 NORTH PEREGRINE CIRCLE	
CITY-ST-ZIP	AGOURA CA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LAI, DORIS K	
STREET ADDRESS	3285 MIDVALE AVENUE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARBERG, CRAIG	
STREET ADDRESS	5407 MISSION HILLS	
CITY-ST-ZIP	MISSION HILLS KS	

TITLE	Chairman of the Board/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William L. Gentz	
STREET ADDRESS	18108 Chardon Circle	
CITY-ST-ZIP	Encino, CA 91316	
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Chris Seaman	
STREET ADDRESS	4936 Kilburn Court	
CITY-ST-ZIP	Oak Park, CA 91377	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold J. Senter	
STREET ADDRESS	35 Buckskin Road	
CITY-ST-ZIP	Bell Canyon, CA 91307	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Nagle, Esq.	
STREET ADDRESS	49 Peregrine Circle	
CITY-ST-ZIP	Oak Park, CA 91377	
TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris K. T. Lai	
STREET ADDRESS	26541 Agoura Road	
CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	Vice President/Assistant Secretary	<input checked="" type="checkbox"/> Addition
NAME	Trecia M. Nienow, Esq.	
STREET ADDRESS	11171 Sun Center Drive	
CITY-ST-ZIP	Rancho Cordova, CA 95670	

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:

Trecia M. Nienow, Assistant Secretary

04/28/00 916.859.6536

CR2E034 (9/99)