

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001301

1. Entity Name

AUTO-BY-TEL INSURANCE SERVICES, INC.

Principal Place of Business

18872 MACARTHUR BLVD., SECOND FLOOR  
IRVINE CA 92612-1400

Mailing Address

18872 MACARTHUR BLVD., SECOND FLOOR  
IRVINE CA 92612-1448

2. Principal Place of Business

18872 MacArthur Blvd.

3. Mailing Address

18872 MacArthur Blvd.

Suite, Apt. #, etc.

3rd Floor, Legal Dept.

Suite, Apt. #, etc.

3rd Floor, Legal Dept.

City & State

Irvine, CA

City & State

Irvine, CA

Zip

92612-1400

Country

Zip

92612-1400

Country

6. Name and Address of Current 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LORIMER, MARK W	
STREET ADDRESS	18872 MACARTHUR BLVD., SECOND FLOOR	
CITY-ST-ZIP	IRVINE CA 92612-1400	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FROST, CRAIG S	
STREET ADDRESS	18872 MACARTHUR BLVD., SECOND FLOOR	
CITY-ST-ZIP	IRVINE CA 92612-1400	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DELLIGATTA, ANN M	
STREET ADDRESS	18872 MACARTHUR BLVD., SECOND FLOOR	
CITY-ST-ZIP	IRVINE CA 92612-1400	
TITLE	VTC	<input checked="" type="checkbox"/> Delete
NAME	PRINTER, HOSHI	
STREET ADDRESS	18872 MACARTHUR BLVD., SECOND FLOOR	
CITY-ST-ZIP	IRVINE CA 92612-1400	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	See attached Exhibit "A".	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500003114895--5  
-01/28/00--01079--014  
\*\*\*\*150.00 \*\*\*\*150.00

SP

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:

*Marc Bonanni*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Bonanni

1-13-00

Date

949.225-4500

Daytime Phone #

FILED

00 JAN 20 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0724053

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent