

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94719

1. Entity Name

NEW ALLIANCE INSURANCE COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90159 041 ***150.00

Principal Place of Business

Mailing Address

980 N. FEDERAL HWY.

Suite 412

BOCA RATON FL 33432

PO BOX 567

BOCA RATON FL 33429-0567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0147776

Applied For

Not Applicable

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
THE CAPITOL
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIANO, JOSEPH JOHN		NAME	
STREET ADDRESS	980 N FEDERAL HWY, STE 415		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METANIAS, GEORGE ANDREW		NAME	
STREET ADDRESS	980 N. FEDERAL HWY, STE 415		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIANO, STEVEN JOSEPH		NAME	
STREET ADDRESS	980 N. FEDERAL HWY, STE 415		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBIN, NEIL		NAME	
STREET ADDRESS	998 S FEDERAL HWY, STE 202		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLINGTON, DOUGLAS W		NAME	
STREET ADDRESS	9690 DORAL BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Steven J Saviano
President

Date

Daytime Phone #

4/21/00 (561) 750-9577

CR2E034 (9/99)