

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002476

1. Entity Name

NEWPORT GENERAL INSURANCE AGENCY, LLC

Principal Place of Business

22632 Golden Springs #300
Diamond Bar, CA 91765

Mailing Address

22632 Golden Springs #300
Diamond Bar, CA 91765

2. Principal Place of Business

22632 Golden Springs #3

3. Mailing Address

22632 Golden Springs

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Diamond Bar CA

City & State

Diamond Bar CA

Zip

91765

Country

USA

Zip

91765

Country

USA

4. FEI Number

95-4796621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: President
NAME: Joan M. Kelly
STREET ADDRESS: 5413 Mead Dr.
CITY-ST-ZIP: Buena Park, CA 91765

TITLE: Secretary & Treasurer
NAME: Martin J. Lynsky
STREET ADDRESS: 72 Shadey Brook Dr.
CITY-ST-ZIP: Middletown, NJ 07748

TITLE: Vice President
NAME: Dennis J. DiCapua
STREET ADDRESS: 555 Slope Dr.
CITY-ST-ZIP: Short Hills, NJ 07078

TITLE:
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10. ADDITIONS/CHANGES

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joan M. Kelly 3/7/01

Date

(800)486-2642

Daytime Phone #

CR2E083 (11/00)