

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M74870**

1. Entity Name

CAPITOL GUARANTY HOLDING CORPORATION

Principal Place of Business

**4334 E. TRADEWINDS AVENUE
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address

**4334 E. TRADEWINDS AVENUE
LAUDERDALE-BY-THE-SEA FL 33308**

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 **65-0115974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SORENSEN, EVERETT
4334 E TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308**

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 reinstalling)

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	SORENSEN, EVERETT	
STREET ADDRESS	4334 E. TRADEWINDS AVENUE	
CITY-ST-ZIP	LAUDERDALE BY-THE-SEA FL 33308	

TITLE	SD	<input type="checkbox"/> Delete
NAME	COBB, KEITH D	
STREET ADDRESS	2521 DEL LARGO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, GREGORY	
STREET ADDRESS	PO BOX 599	
CITY-ST-ZIP	HORSHAM PA 19044	

TITLE	D	<input type="checkbox"/> Delete
NAME	BEGGS, WILLIAM F	
STREET ADDRESS	2929 E COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, PATRICIA L	
STREET ADDRESS	6141 JOCELYN HOLLOW ROAD	
CITY-ST-ZIP	NASHVILLE TN 37405	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Everett Sorensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVERETT SORENSEN

2/7/01

Date

954-491-5289

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90596 022 ***150.00

0246687



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)