

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90937 035 ***150.00

030696 AV

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 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, 2002 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** ☐ Delete
 NAME **SORENSEN, EVERETT**
 STREET ADDRESS **4334 E. TRADEWINDS AVENUE**
 CITY-ST-ZIP **LAUDERDALE BY-THE-SEA FL 33308**

TITLE **SD** ☐ Delete
 NAME **COBB, KEITH D**
 STREET ADDRESS **2521 DEL LARGO DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **SORENSEN, GREGORY**
 STREET ADDRESS **PO BOX 599**
 CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **D** ☐ Delete
 NAME **BEGGS, WILLIAM F**
 STREET ADDRESS **2929 E COMMERCIAL BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☒ Delete
 NAME **TERRY, PATRICIA L**
 STREET ADDRESS **6141 JOCELYN HOLLOW ROAD**
 CITY-ST-ZIP **NASHVILLE TN 37405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **BARBARA GASSER**
 STREET ADDRESS **4604 BOUGAINVILLE DRIVE**
 CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE **D** ☐ Change ☒ Addition
 NAME **OSCAR K. JOHNSON**
 STREET ADDRESS **9 S.E. 11TH AVENUE**
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Change ☒ Addition
 NAME **ROBERT POLYASKO**
 STREET ADDRESS **4402 OCEAN DRIVE**
 CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 3/26/02 954-491-5289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)