

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007100

1. Entity Name

KINGS POINT INSURANCE ALLIANCE, INC.

FILED

Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 041 ****61.25

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

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

65-1114921

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

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS BERNSTEIN, ARNOLD
CITY-ST-ZIP 6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487 ☐ Delete

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

TITLE
NAME VPD
STREET ADDRESS SWATT, MIKE
CITY-ST-ZIP 6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487 ☐ Delete

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

TITLE
NAME SD
STREET ADDRESS PINCHEVSRY, TODD
CITY-ST-ZIP 6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487 ☒ Delete

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

TITLE
NAME SECY. / TREASURER
STREET ADDRESS WENDY LANG
CITY-ST-ZIP 6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other lines empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

726-02

561-989-5044

Date

Daytime Phone #

CR2E037 (9/01)