

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90071 033 \*\*\*558.75

0073924 AV

**DOCUMENT #** P00000054176  
**1. Entity Name**  
 USCA NATIONAL, INC.

**Principal Place of Business**  
 11585-B POLO CLUB ROAD  
 WELLINGTON FL 33414

**Mailing Address**  
 11585-B POLO CLUB ROAD  
 WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 700 FLORIDAMANGO RD  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 700 FLORIDAMANGO RD  
 Suite, Apt. #, etc.

**City & State**  
 WEST PALM BEACH, FL

**City & State**  
 WEST PALM BEACH, FL

**Zip**  
 33406

**Country**

**4. FEI Number**  
 13-2970598

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SICILIANO, THOMAS V**  
 980 N. FEDERAL HIGHWAY  
 SUITE 440  
 BOCA RATON FL 33432

**HOLLAND & KNIGHT LLP**  
 CHARLAME FRANCIS  
 50 N. LAURA ST. #3900  
 JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

**Name**  
 HOLLAND & KNIGHT LLP

**Street Address (P.O. Box Number is Not Acceptable)**  
 50 NORTH LAURA ST. SUITE 3900

**City**  
 JACKSONVILLE

**FL**

**Zip Code**  
 32202

**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** *X Daniel W. Wallis* **8-14-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CHARLES P. STEUBER		<b>NAME</b>	
<b>STREET ADDRESS</b> 200 ALEXANDER PALM RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VICE PRESIDENT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ROBERT CHILTON		<b>NAME</b>	
<b>STREET ADDRESS</b> 2 CHILTON POINT RD		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> HEATH, TX 75032		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SECOND VICE PRESIDENT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WILLIAM CAMPBELL		<b>NAME</b>	
<b>STREET ADDRESS</b> 9 BARBERRY LANE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> GREENWICH, CT 06831		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TREASURER	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KEITH JONES		<b>NAME</b>	
<b>STREET ADDRESS</b> 139 SEA BREEZE AVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALM BEACH, FL 33480		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SECRETARY	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> NORMA TEUMAN		<b>NAME</b>	
<b>STREET ADDRESS</b> 146 E. CAMINO REAL		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33480		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** *Charles P. Steuber* **07/09/01** **561-393-1488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)