

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000083819**1. Entity Name
CORAL CAY INSURANCE, INC.

Principal Place of Business	Mailing Address
4105 SW 6 AVE	4105 SW 6 AVE
CAPE CORAL FL 33914	CAPE CORAL FL 33914

2. Principal Place of Business	3. Mailing Address
1218 SE 47TH STREET	1218 SE 47TH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 304	SUITE 304

City & State	City & State
CAPE CORAL FL	CAPE CORAL FL

Zip	Country	Zip	Country
33904		33904	

4. FEI Number	Applied For
65-1036953	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PREWETT DANIEL L
5777 BENEVA ROAD SOUTH

SARASOTA FL 34233

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 _____ DATE **01/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	BELL ELIZABETH	
STREET ADDRESS	4105 SW 6 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	BELL ELIZABETH A	
STREET ADDRESS	4105 SW 6 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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		
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: Elizabeth A. Bell D 01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)