

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90088 028 ***150.00

0032824 SP

DOCUMENT # P36622

1. Entity Name
EVEREST NATIONAL INSURANCE COMPANY

Principal Place of Business
477 MARTINSVILLE RD
LIBERTY CORNER NJ 07938
US

Mailing Address
477 MARTINSVILLE RD
LIBERTY CORNER NJ 07938
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2660372

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **UMAURO, STEPHEN LYDON**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

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

TITLE **VD** ☐ Delete
NAME **BRADLEY, DARYL WAYNE**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

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

TITLE **S** ☐ Delete
NAME **BURKE, DENNIS CAREY**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

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

TITLE **CD** ☐ Delete
NAME **GALLAGHER, THOMAS J**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

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

TITLE **PD** ☐ Delete
NAME **FRAKES, LARRY A**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

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

TITLE **D** ☒ Delete
NAME **BURAK, JANET J**
STREET ADDRESS **477 MARTINSVILLE RD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

TITLE **D** ☐ Change ☒ Addition
NAME **Gervasi, Joseph A**
STREET ADDRESS **477 Martinsville Rd**
CITY-ST-ZIP **Liberty Corner, NJ 07938**

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:

Denise C. Burke
NOTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2002

Date

(908) 604-3168

Daytime Phone #

CR2E034 (9/01)