

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082876

1. Entity Name

HIP INSURANCE COMPANY OF FLORIDA

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90098 014 ***158.75

Principal Place of Business

Mailing Address

300 S. PARK RD
HOLLYWOOD FL 33021
US

300 S. PARK RD
HOLLYWOOD FL 33021-8593
US

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

65-0545388

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

COHEN, GERALD M ESQ
300 S. PARK RD
HOLLYWOOD FL 33021

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	WATSON, ANTHONY L	
STREET ADDRESS	HIP - 7 W. 34TH ST	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, STEVEN M	
STREET ADDRESS	HIP - 300 S PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALEOS, MICHAEL K	
STREET ADDRESS	HIP - 300 S PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, GEORGE W ESQ	
STREET ADDRESS	305 S. ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33302	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRAUD, ROBERT L	
STREET ADDRESS	7960 N.W. 4TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, GERALD M ESQ	
STREET ADDRESS	HIP - 300 S PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	Daniel T. McGowan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIP - 7 west 34 st	
STREET ADDRESS	New York, New York	
CITY-ST-ZIP	10001	
TITLE	Richard Bernman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manhattan College	
STREET ADDRESS	2900 Purchase St.	
CITY-ST-ZIP	Purchase, New York 10175	
TITLE	David Abernethy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIP-300S. Park Rd	
STREET ADDRESS	Hollywood, Fla 33021	
CITY-ST-ZIP		
TITLE	Charles Johnston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1301 N. Harrison St.	
STREET ADDRESS	Suite 6A	
CITY-ST-ZIP	Princeton, NJ 08540-3512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00 954916-6288

CR2E034 (9/99)