

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000082876**

1. Entity Name

VISTA INSURANCE PLAN, INC.

FILED

02 MAR 12 PM 3:39

Principal Place of Business

**%VENTURE CORPORATE CENTER III
300 SOUTH PARK RD.
HOLLYWOOD FL 33021
US**

Mailing Address

**%VENTURE CORPORATE CENTER III
300 SOUTH PARK RD.
HOLLYWOOD FL 33021
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number. **65-0545388**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

400005191004--6

-04/04/02--01022--023

City

******158.75 ****158.75**

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 **PD** ☐ Delete
NAME **BERDING, RONALD J**
STREET ADDRESS **300 S. PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PDCEO** ☒ Change ☐ Addition
NAME **Berding, R. Joseph**
STREET ADDRESS **300 South Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **TD** ☒ Delete
NAME **JOYCE, DREW**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM NC**

TITLE **AT** ☐ Change ☒ Addition
NAME **King, Felicia**
STREET ADDRESS **2828 Croasdaile Dr.**
CITY-ST-ZIP **Durham, NC 27705**

TITLE **AT** ☐ Delete
NAME **SAUER, ALBERT**
STREET ADDRESS **300 S. PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TCFOD** ☒ Change ☐ Addition
NAME **Sauer, Al**
STREET ADDRESS **300 South Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **D** ☒ Delete
NAME **MOEN, DANIEL**
STREET ADDRESS **300 S. PARK RD HWD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☐ Change ☒ Addition
NAME **Cohen, Gerald M.**
STREET ADDRESS **300 South Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **CD** ☐ Delete
NAME **SCOTT, STEVEN M MD**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM NC 27705**

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

TITLE **D** ☐ Delete
NAME **HOGAN, JAMES**
STREET ADDRESS **300 S. PARK RD HWD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **DCOO** ☒ Change ☐ Addition
NAME **Hogan, J. Michael**
STREET ADDRESS **300 South Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

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:

GERALD M. COHEN 2/25/02 954-986-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0149808 AV

CR2E034 (9/01)