

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056157

1. Entity Name

PRUDENTIAL GENERAL INSURANCE AGENCY OF FLORIDA,

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90444 020 ***150.00

0438261

Principal Place of Business

3228 SW MARTIN DOWNS BLVD
STE 206
PALM CITY FL 34990

Mailing Address

3228 SW MARTIN DOWNS BLVD
STE 206
PALM CITY FL 34990

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 65-0673115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, JAMES J JR 23 MAIN STREET HOLMDEL FL 07733	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIER, MARK 751 BROAD STREET NEWARK NJ 07102-3777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, JOHN 16430 N. SCOTTSDALE RD STE 430 SCOTTSDALE AZ 85254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, JOYCE 80 LIVINGSTON AVENUE ROSELAND NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINERVA, THOMAS E 80 LIVINGSTON AVENUE ROSELAND NJ 07068-1701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SEE ATTACHED LIST FOR REVISED OFFICERS AND DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V.P. PRODUCT MANAGEMENT Paul Finchak

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

3-15-01 (732) 946-5574
Date Daytime Phone #

CR2E034 (10/00)

Attachment #
Pg 6000056/57

PRUDENTIAL GENERAL INSURANCE AGENCY OF FLORIDA, INC.

PRINCIPAL OFFICERS AND DIRECTORS LIST

5/5/81

DIRECTORS

James T. Byron
Roger L. Desjardon
Richard M. Green
- Sharon L. Helldorfer
Brendan P. Houlihan
Paul S. Pinchak
Edward M. Rafter III

- 23 Main Street
Holmdel, NJ 07733

OFFICERS

Edward M. Rafter III
Paul S. Pinchak
Richard M. Green
Alan L. Kohl
Ronald P. Make
Louis J. Zuccaro
Carl A. Peterson
Nicholas A. Hencoski

Chairman of the Board
President
Vice President and Comptroller
Vice President
Vice President ↑
Vice President
Secretary
Treasurer

- 16430 N. Scottsdale
Rd.
Suite 403
Scottsdale
AZ
85254

As of May 3, 2000



Liz Slover
Legal Assistant

Attachment #
P96000056157

Prudential General Insurance Agency of Florida,
Inc.
Law Department
23 Main Street
Holmdel, NJ 07733
Tel 732-946-5619 Fax 732-946-5609

515181

March 14, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#P96000056157

Dear Sir or Madam:

Enclosed please find Prudential General Insurance Agency of Florida, Inc. 2000 Uniform Business Report along with a check in the amount of \$150.00 for filing fees.

Sincerely,

A handwritten signature in cursive script that reads "Liz Slover".
Liz Slover
Legal Assistant