

2000 UNIFORM BUSINESS REPORT (UBR)

0351541

①

DOCUMENT # P98000041641

1. Entity Name

~~INLINE FINANCIAL GROUP-USA, INC.~~

US1 Florida Life and Estate Planning Division, Inc.

FILED

00 MAR -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3200 NORTH MILITARY TRAIL
SUITE 202
BOCA RATON F: 33431

Mailing Address

3200 NORTH MILITARY TRAIL
SUITE 202
BOCA RATON F: 33431-6371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two S. University Dr.

3. Mailing Address

50 California St., #24

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

24

City & State

Plantation, FL

City & State

San Francisco, CA

Zip

33324

Country

USA

Zip

94111

Country

USA

4. FEI Number

65-0833775

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 *Laura R. Dunlap*

Laura R. Dunlap
as its agent

3/1/00

Signature, typed or printed name of registered agent and time 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	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, IRA	
STREET ADDRESS	3200 N. MILITARY TRL #202	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, HARVEY	
STREET ADDRESS	3200 N. MILITARY TRL #202	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Karp	
STREET ADDRESS	Two S. University Dr., #220	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Oden	
STREET ADDRESS	Two S. University Dr., #220	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernest J. Newborn, II	
STREET ADDRESS	50 California St., #24	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T. Leonard	
STREET ADDRESS	50 California St., #24	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy Lang	
STREET ADDRESS	Two S. University Dr., #220	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input checked="" 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: *Ernest J. Newborn, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest J. Newborn, II
Secretary

Date

Daytime Phone #

200003153872--9

2/22/00 415-263-2105

CR2E034 (9/99)

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(2)



ACCOUNT NO. : 072100000032

REFERENCE : 606717 7139998

AUTHORIZATION : *Patricia Piquette*

COST LIMIT : \$ ~~15,750.00~~ 158.75

ORDER DATE : February 29, 2000

ORDER TIME : 2:24 PM

ORDER NO. : 606717-020

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: USI FLORIDA LIFE AND ESTATE
PLANNING DIVISION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Erina Carlson ext. 1113*

EXAMINER'S INITIALS: _____

RECEIVED
00 MAR - 1 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA