2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045125** May 09, 2000 8:00 am Secretary of State OCEAN HARBOR PREMIUM FINANCE COMPANY 05-09-2000 90119 018 ***150.00 Mailing Address Principal Place of Business 1545 RAYMOND DIEHL RD 1545 RAYMOND DIEHL RD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-1514 720124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 91-1912857 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORAITON SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change ☐ Addition TITLE TITLE Delete MILO, RALPH NAME NAME STREET ADDRESS 7771 FISHER ISLAND DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FISHER ISLAND NY 33109 ☐ Addition Change Delete TITLE TITLE FERGUSON, ROBERT D NAME NAME Ferguson, Robert D 600 HARBOR BLVD STREET ADDRESS STREET ADORESS 1177 Avenue of the Americas, 45th Floor CITY-ST-ZIP CITY-ST-ZIP WEEHAWKEN NJ 07087 New York, NY 10036 ☐ Change ☐ Addition Delete TITLE HILDNER, CARL J NAME NAME 39 THIRD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLIFTON NJ 07011 ☐ Addition ☐ Delete TITLE TITLE MILO, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 1177 6TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Change ☐ Addition ☐ Delete TIT! F TITLE LABELL, JOSEPH S NAME NAME STREET ADDRESS 1177 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered

changed, or on an attachment with an address

SIGNATURE: