

2000 UNIFORM BUSINESS REPORT (UBR)

0316663

DOCUMENT # P98000062757

1. Entity Name

KOLISCH INSURANCE USI, INC.

FILED

00 MAR 15 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324-3332

2. Principal Place of Business

3. Mailing Address

50 California St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

24th Fl.

City & State

City & State

San Francisco, Ca

Zip

Country

Zip

Country

94111

USA

4. FEI Number

65-0851499

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE SERVICES CORPORATION
1201 HAYES 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

Bobbie Hall

Corporation Service Company

By: Bobbie Hall, Asst. Vice President

3/13/2000

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 ☐ Delete
NAME D
STREET ADDRESS KARP, MICHAEL C
CITY-ST-ZIP 2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Wendy Lang
CITY-ST-ZIP 2 South University Dr., #220
Plantation FL 33324

TITLE ☐ Delete
NAME P
STREET ADDRESS KOLISCH, JAMES M
CITY-ST-ZIP 2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

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

TITLE ☐ Delete
NAME S
STREET ADDRESS NEWBORN, ERNEST J II
CITY-ST-ZIP 50 CALIFORNIA STREET., 24TH FL
SAN FRANCISCO CA 94111

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

TITLE ☐ Delete
NAME T
STREET ADDRESS LEONARD, MICHAEL T
CITY-ST-ZIP 50 CALIFORNIA STREET., 24TH FL
SAN FRANCISCO CA 94111

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ODEN, ROBER
CITY-ST-ZIP 2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

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

TITLE ☒ Delete
NAME D
STREET ADDRESS SEDA, ROBERT
CITY-ST-ZIP 1800 NINTH AVENUE., #1500
SEATTLE WA 98101

TITLE ☐ Change ☐ 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

Ernest J. Newborn II 3/13/00

Date

Daytime Phone #

CR2E034 (9/99)

300003171343--8



ACCOUNT NO. : 072100000032

REFERENCE : 620947 7139998

AUTHORIZATION : *Patricia Pigott*

COST LIMIT : \$ 158.75

ORDER DATE : March 10, 2000

ORDER TIME : 11:06 AM

ORDER NO. : 620947-125

CUSTOMER NO: 7139998

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

ANNUAL REPORT FILING

NAME: KOLISCH INSURANCE USI, 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: ~~Amy Lampi~~

Christine

EXAMINER'S INITIALS:

RECEIVED
00 MAR 15 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA