

2001 UNIFORM BUSINESS REPORT (UBR)

0683494

18192

DOCUMENT # P98000062757

1. Entity Name

KOLISCH INSURANCE USI, INC.

FILED

01 MAR 30 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

Mailing Address

50 CALIFORNIA STREET
24TH FLOOR
SAN FRANCISCO CA 94111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0851499

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

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

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, 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	D	<input type="checkbox"/> Delete
NAME	KARP, MICHAEL C	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOLISCH, JAMES M	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWBORN, ERNEST J II	
STREET ADDRESS	50 CALIFORNIA STREET., 24TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, MICHAEL T	
STREET ADDRESS	50 CALIFORNIA STREET., 24TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODEN, ROBER	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, WENDY	
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, #220	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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Treasurer
Edward Bowler
50 California St., 24th Fl.
San Francisco, CA 94111

SP

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 3/21/01

Date

Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 093664 7139998

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : March 27, 2001

ORDER TIME : 10:43 AM

ORDER NO. : 093664-105

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
24th Floor
50 California Street
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
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

RECEIVED
01 MAR 30 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA