

# 2006 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90028 043 \*\*\*150.00

DOCUMENT # P99000014459

1. Entity Name SEACOAST MARINE INSURANCE, INC.

Principal Place of Business

1640 W.Oakland Park Blvd.  
Suite 304  
Ft.Lauderdale, Fl. 33311

Mailing Address

1640 W.Oakland Park Blvd.  
Suite 304  
Ft.Lauderdale, Fl. 33311

2. Principal Place of Business

1640 W.Oakland Park Blvd  
Suite, Apt. #, etc.  
Suite 304

3. Mailing Address

1640 W.Oakland Park Blvd  
Suite, Apt. #, etc.  
Suite 304

DO NOT WRITE IN THIS SPACE

City & State  
Ft.Lauderdale, Florida

City & State  
Ft.Lauderdale, Florida

4. FEI Number  
65-0904794

Applied For  
Not Applicable

Zip  
33311

Country  
Broward

Zip  
33311

Country  
Broward

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

6. Name and Address of Current Registered Agent

Joseph P. Klapholz, Esq.  
Manella & Klapholz, LLP  
2500 Hollywood Boulevard, Suite 212  
Hollywood, Fl. 33020

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

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

TITLE P/VP/S/T ☐ Delete  
NAME BERG, Joel  
STREET ADDRESS 1640 W.Oakland Park Blvd, # 304  
CITY-ST-ZIP Ft.Lauderdale, Fl. 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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:

JOEL BERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002 A. BURL MS 3/9/00 984-250-9877