

2000 UNIFORM BUSINESS REPORT (UBR)

0982123

DOCUMENT # P99000081107

1. Entity Name

QUOTE BOND CORPORATION

Principal Place of Business

9652 TAVERNIER DRIVE
BOCA RATON FL 33496

Mailing Address

9652 TAVERNIER DRIVE
BOCA RATON FL 33496-2106

FILED

00 JAN 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-095-0572

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

SCHILD, GERALDINE
9652 TAVERNIER DRIVE
BOCA RATON FL 33496

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	President/Director	<input type="checkbox"/> Delete
NAME	Randy Schild, PD	
STREET ADDRESS	9652 Tavernier Dr.	
CITY-ST-ZIP	BOCA RATON, FLA. 33496	
TITLE	Chairman/Director	<input type="checkbox"/> Delete
NAME	Gilbert Rosenbrier, CD	
STREET ADDRESS	7000 E. Cypresshead Dr.	
CITY-ST-ZIP	Parkland, Fla. 33067	
TITLE	Geraldine Schild, Treasurer	<input type="checkbox"/> Delete
NAME	Geraldine Schild	
STREET ADDRESS	9652 Tavernier Dr. TS	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Managing Director	<input type="checkbox"/> Delete
NAME	Gerald Prigal MD	
STREET ADDRESS	218 Via Deste #1303	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

SP