

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66355

1. Entity Name
Hilcoast Title Insurance Agency, Inc.

Principal Place of Business
100 Century Blvd.
West Palm Beach, FL 33417

Mailing Address
100 Century Blvd.
West Palm Beach, FL 33417

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90214 036 ***150.00

947915

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 65-0357512 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
Mary Jane Merola
100 Century Blvd.
West Palm Beach, FL 33417

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. ☐ **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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levy, H. Irwin	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levy, Mark F.	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaiven, Jack	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merola, Mary Jane	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gleeson, Antoinette	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd, Orilla	NAME	
STREET ADDRESS	100 Century Blvd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33417	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:  **Jack Jaiven, Vice President** 4/13/00 (561) 640-3105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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ADDITIONS TO 2000 UNIFORM BUSINESS REPORT

~~HILCOAST TITLE INSURANCE AGENCY, INC.~~

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D

Halperin, Maurice
100 Century Blvd.
West Palm Beach, FL 33417

D

Halperin, Barry
100 Century Blvd.
West Palm Beach, FL 33417