

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90487 003 ***150.00

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1. Entity Name
CORNERSTONE NATIONAL INSURANCE COMPANY



Principal Place of Business
1000 W. NIFONG BLVD., BUILDING 8
STE 200
COLUMBIA MO 65203

Mailing Address
1000 W. NIFONG BLVD., BUILDING 8
STE 200
COLUMBIA MO 65203

10030297



2. Principal Place of Business
3100 FALLING LEAF CT.

3. Mailing Address
P.O. Box 6040

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
COLUMBIA MO

City & State
COLUMBIA MO

4. FEI Number 43-1773560

Applied For
Not Applicable

Zip 65201 **Country** USA

Zip 65205-6040 **Country** USA

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

DOUGLAS WARREN BULLINGTON
1300 SAWGRASS CORPORATE PARKWAY, SUITE 300
SUNRISE FL 33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL HAROLD ALLEN 2400 TOPAZ DRIVE COLUMBIA MO 65203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GREG KENT FICK 2802 MELODY LANE COLUMBIA MO 65203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID SCOTT FORREST 605 MAPLEWOOD DRIVE COLUMBIA MO 65203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID SCOTT FORREST 4703 New Castle Dr. COLUMBIA, Mo. 65203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVC JAMES CARL FRENCH 5413 W. TAYSIDE CIRCLE COLUMBIA MO 65203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES EDWARD GODFREY JR. 10317 ARTHUR FRONTENAC MO 63131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN GARLAND HARRISON 4309 MONTEPELIER PLACE COLUMBIA MO 65203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel K. Fick **REQUIRED** GREG K. FICK 2-25-03 (513) 817-2481 x229

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

CR2E034 (10/02)