

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
 02-23-2000 90015 050 ***150.00

DOCUMENT # P38034

1. Entity Name

EAGLE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**7640 SOUTHGATE BLVD.
 SUITE #4
 NORTH LAUDERDALE FL 33068
 US**

**999 STEWART AVENUE
 BETHPAGE NY 11714-3551
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-0874880-22-0977488

Applied For

Not Applicable

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

**FLORIDA INSURANCE COMMISSIONER
 CAPITOL BLDG.
 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, 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 **D** ☐ Delete
 NAME **WALLACH, WILLIAM**
 STREET ADDRESS **3730 INVERRARY DR.**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **VPD** ☐ Delete
 NAME **WALLACH, ROBERT M.**
 STREET ADDRESS **219 FEEKS LN**
 CITY-ST-ZIP **MILL NECK NY**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Mill Neck, NY 11765**

TITLE **VPD** ☐ Delete
 NAME **ISAACS, LAWRENCE S.**
 STREET ADDRESS **31 CEDAR DR.**
 CITY-ST-ZIP **DANBURY CT**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Danbury, CT 06810**

TITLE **PD** ☐ Delete
 NAME **REIERSEN, JOHN D.**
 STREET ADDRESS **416 OAKWOOD RD.**
 CITY-ST-ZIP **PORT JEFFERSON NY**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Port Jefferson, NY 11777**

TITLE **VSCD** ☐ Delete
 NAME **NEZAMOODEEN, PHILBERT**
 STREET ADDRESS **38 ROOSEVELT AVENUE**
 CITY-ST-ZIP **EAST ROCKAWAY NY**

TITLE **V/S/T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **East Rockaway, NY 11518**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Frances Wallach**
 STREET ADDRESS **3730 Inverrary Drive**
 CITY-ST-ZIP **Lauderhill, FL 33319**

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

JOHN D. REIERSEN

Date

Daytime Phone #

(516)
 393-4006

CR2E034 (9/99)