

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 669682

1. Entity Name
QUEENSWAY INTERNATIONAL INDEMNITY COMPANY

Principal Place of Business
**851 NORTH DONNELLY STREET
MOUNT DORA FL 32757-0000**

Mailing Address
**P.O. BOX 1608
MOUNT DORA FL 32757-1608**

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 **59-1993236**

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

**DAVIS, JOHN P JR.
851 NORTH DONNELLY STREET
MOUNT DORA FL 32757-0000**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	D	ALEXANDER, JAMES A	3240 GLENCREE NW	LITHONIA GA	<input type="checkbox"/>
	PCOB	DAVIS, JOHN P JR.	939 PAGE LANE	MOUNT DORA FL 32757	<input type="checkbox"/>
	VPD	TUFTS, STEVEN D	2440 SUGARLOAF CLUB DR	DULUTH GA 30097	<input checked="" type="checkbox"/>
	S	DAVIS, HARRIETT H	939 PAGE LANE	MOUNT DORA FL 32757	<input type="checkbox"/>
	TCFO	BALL, CURTIS E	9150 SW 49TH STREET	COOPER CITY FL 33328	<input type="checkbox"/>
	D	WILSON, CATHERINE J	3103-10 YOUNG ST	TORONTO ON	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 the 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 041 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)