

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10106

1. Entity Name

ACCELERATION NATIONAL INSURANCE COMPANY

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90007 027 ***550.00

Principal Place of Business

ACCELERATION NATIONAL INS
12603 SOUTHWEST FWY #315
STAFFORD TX 77477
US

Mailing Address

ACCELERATION NATIONAL INS
12603 SOUTHWEST FWY. #315
STAFFORD TX 77477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-0989212

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 \$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	VDS	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, NICHOLAS Z.	
STREET ADDRESS	7970 GREENSIDE LANE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COATS, DOUGLAS J	
STREET ADDRESS	12603 SOUTHWEST FREEWAY, STE 315	
CITY-ST-ZIP	STAFFORD TX 77477	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, CYNTHIA A.	
STREET ADDRESS	12603 SOUTHWEST FREEWAY STE 315	
CITY-ST-ZIP	STAFFORD TX 77477	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ESTLUND, ROBERT	
STREET ADDRESS	12603 SOUTHWEST FREEWAY, STE 315	
CITY-ST-ZIP	STAFFORD TX 77477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Howard Paster	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas James Coats	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Jane Wilson	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Alfred Lawrence	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Johnson Renwick	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Joseph Kozuck	
STREET ADDRESS	75 West Street	
CITY-ST-ZIP	Simsbury, CT 06070	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.043(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00
Date

860-843-7600
Daytime Phone #

CR2E034 (5/00)