

2002 UNIFORM BUSINESS REPORT (UBR)

0424184 AV

DOCUMENT # S11143

1. Entity Name
AUTO CLUB SOUTH INSURANCE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 10 PM 4:01

Principal Place of Business: 1515 NORTH WESTSHORE BLVD. TAMPA FL 33607
Mailing Address: 1515 NORTH WESTSHORE BLVD. TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3031102		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent					
JOHN A. TOMLIN 1515 NORTH WESTSHORE BLVD TAMPA FL 33607				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, ROBERT R.		NAME		
STREET ADDRESS	18710 PEPPER PIKE LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS E.		NAME		
STREET ADDRESS	18002 RICHMOND PLACE DRIVE #917		STREET ADDRESS	315 Inner Harbour Circle	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SVT	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKMAN, DORIA		NAME	Cindy Potts	
STREET ADDRESS	TROPICAL BREEZE WAY		STREET ADDRESS	709 Marco Drive, NE	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	St. Petersburg, FL 33702-2749	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, JOHN A.		NAME		
STREET ADDRESS	18008 CLEAR LAKE DR.		STREET ADDRESS	800005598658-4	
CITY-ST-ZIP	LUTZ FL		CITY-ST-ZIP	-05/23/02--01007--003	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, LARRY		NAME		
STREET ADDRESS	508 RUNNING HORSE RD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas E. O'Brien Date: 3/25/02 Daytime Phone #: 813-289-5905

CR2E034 (9/01)

5115
150.00

Attachment

FILED

02 MAY 10 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092743

1. Entity Name
CROWN DEVELOPMENTS, INC.

Principal Place of Business

3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103
US

Mailing Address

3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103
US

2. Principal Place of Employment

650, 15th AVENUE S.
SUITE 200, INC.

3. Mailing Address

650 15th AVENUE S.
SUITE 200, INC.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0545237

Applied For

Not Applied

Zip

Country

FL, 34102

Zip

34102

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL NORTH
SUITE 200
NAPLES FL 34103

7. Name and Address of Now Registered Agent

Name: PELCONCEPT, INC.
Street Address (P.O. Box Number is Not Acceptable):
650, 15th AVENUE S.
City: NAPLES FL Zip Code: 34102

8. The above information certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Antoinette Pelc, V.P.

4/15/02

9. The corporation is eligible to qualify its franchise tax filing requirements and a vote to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$650.00
State Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
D	SCHNELLER, HANSUELI	220 CUDDY CT	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
D	SCHNELLER, HANSUELI	691 15th AVENUE S.	NAPLES, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information 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 general manager, or an agent to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, or on an statement with an address, with or without the employee's

SIGNATURE:

X [Signature]

HANSUELI SCHNELLER Apr 13, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Form 1191 (1-01)