

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583494

1. Entity Name

INFINITY INSURANCE COMPANY

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90104 049 ***150.00

Principal Place of Business
10004 N DALE MABRY HWY
TAMPA FL 33618-4410
US

Mailing Address
P.O. BOX 830189
BIRMINGHAM AL 35283-0189
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-0943862

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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 _____ (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	PC	<input type="checkbox"/> Delete
NAME	GOBER, JAMES R	
STREET ADDRESS	2204 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, MICHAEL D	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PRESTRIDGE, ROGER H	
STREET ADDRESS	2204 LAKESHORE DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DIBBLE, WILLIAM H	
STREET ADDRESS	2204 LAKESHORE DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHELIA H	
STREET ADDRESS	2204 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	HORRELL, KAREN HOLLEY	
STREET ADDRESS	580 WALNUT ST	
CITY-ST-ZIP	CINCINNATI OH	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amory, Robert F.	
STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindner, Carl H. III	
STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoover, John D.	
STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindner, Stephen C.	
STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosen, Eve C.	
STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHED PAGE	
STREET ADDRESS		
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: Roger H. Prestridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

205-870-4000

Daytime Phone #

83 444

Attachment
00067152

ADDITIONS-OFFICERS & DIRECTORS
DOCUMENT #583494

INFINITY INSURANCE COMPANY

Title	V
Name	Godwin, Glen N.
Street Address	2204 Lakeshore Drive
City-St-Zip	Birmingham, AL 35209

Title	V
Name	Kennedy, William R.
Street Address	2204 Lakeshore Drive
City-St-Zip	Birmingham, AL 35209

Title	V
Name	Williamson, N. Chris
Street Address	2204 Lakeshore Drive
City-St-Zip	Birmingham, AL 35209