

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90131 042 ***150.00

DOCUMENT # 611687

1. Entity Name
PROGRESSIVE AMERICAN INSURANCE COMPANY

Principal Place of Business

4030 CRESCENT PARK DR
BULD B
RIVERVIEW FL 33569
US

Mailing Address

4030 CRESCENT PARK DR
BULD B
RIVERVIEW FL 33569
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 34-1094197

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

INSURANCE COMMISSIONER
THE 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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, DANIEL R	
STREET ADDRESS	8881 NW 18TH TERR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LEWIS, PETER B	
STREET ADDRESS	6300 WILSON MILLS RD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, DAVID M.	
STREET ADDRESS	6300 WILSON MILLS RD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Pomoek	
STREET ADDRESS	625 ALPHA DR.	
CITY-ST-ZIP	Highland Hts, OH 44143	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey W. Basch	
STREET ADDRESS	6300 Wilson Mills Rd	
CITY-ST-ZIP	Mayfield Village, OH 44143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn M. Renwick	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dane A. Shrahow	
STREET ADDRESS	300 N. Commons Blvd.	
CITY-ST-ZIP	Mayfield Village, OH 44143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)