

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90131 048 \*\*\*150.00

DOCUMENT # 658743

1. Entity Name

PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Principal Place of Business

Mailing Address

4030 CRESCENT PARK DRIVE  
BUILDING B  
RIVERVIEW FL 33569  
US

6300 WILSON MILLS RD  
W33  
MAYFIELD VILLAGE OH 44143  
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 59-1951700

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 CAPITAL BLDG.  
TALLAHASSEE FL 32301

OK

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

NO CHANGE

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 P ☐ Delete  
NAME DOMEK, BRIAN C  
STREET ADDRESS 3880 W COMMERCIAL BLVD SUITE 100  
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE ☒ Change ☐ Addition  
NAME 625 Alpha Dr.  
STREET ADDRESS Highland Heights, OH 44143  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME CERNY, KATHLEEN M  
STREET ADDRESS 300 N COMMONS BLVD  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME LEWIS, PETER B.  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE ☒ Change ☐ Addition  
NAME Glenn M. Renwick  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATVP ☐ Delete  
NAME DOLOHANTY, JANET A  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SHRALLOW, DANE A  
STREET ADDRESS 300 N COMMONS BLVD  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CHOKEL, CHARLES B  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE VP ☐ Change ☒ Addition  
NAME Jeffery W. Basch  
STREET ADDRESS 6300 Wilson Mills Rd.  
CITY-ST-ZIP Mayfield Village, OH 44143

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)