

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90155 032 \*\*\*150.00

**DOCUMENT # 819105**

**1. Entity Name**  
**AMERICAN SUMMIT INSURANCE COMPANY**



**Principal Place of Business**  
**14805 NORTH 73RD STREET**  
**SCOTTSDALE AZ 85260-3107**  
**US**

**Mailing Address**  
**P.O. BOX 2650**  
**WACO TX 76702-2650**

**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 41-0776214**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**INSURANCE COMMISSIONER**  
**CAPITOL**  
**TALLAHASSEE FL 32399-0300**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, RICHARD J	
STREET ADDRESS	4610 N 65TH ST 422	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VANEK, GREGORY D	
STREET ADDRESS	3030 BOSQUE RIDGE	
CITY-ST-ZIP	CRAWFORD TX 76638	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	STANTON, WILLIAM C	
STREET ADDRESS	9907 SANDALWOOD	
CITY-ST-ZIP	WACO TX 76712	
TITLE	V	<input type="checkbox"/> Delete
NAME	PLESKOVITCH, JOHN	
STREET ADDRESS	21631 N. 45TH	
CITY-ST-ZIP	PHOENIX AZ 85050	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWSHER, ERICA	
STREET ADDRESS	4411 N. 28TH PL.	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIVINE, ROBERT L	
STREET ADDRESS	3413 E BURNSVILLE PKWY	
CITY-ST-ZIP	BURNSVILLE MN	

TITLE	CO-CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. CLIFTON ROBINSON	
STREET ADDRESS	815 FOREST OAK CIRCLE	
CITY-ST-ZIP	WACO, TX 76712	
TITLE	CO-CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON B. ROBINSON	
STREET ADDRESS	2121 RIDGEWOOD DR.	
CITY-ST-ZIP	WACO, TX 76710	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*William C. Stanton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

254-756-4411

CR2E034 (10/02)