

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836592

1. Entity Name

SAFWAY INSURANCE COMPANY

Principal Place of Business

790 PASQUINELLI DR
WESTMONT IL 60559
US

Mailing Address

790 PASQUINELLI DR
60559LI DR
WESTMONT IL 60559
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

36-2497730

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

WEISS, DAVID
100 SOUTH BISCAYNE BLVD
SUITE 1300
MIAMI FL 33131

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, WILLIAM 790 PASQUINELLI DR WESTMONT IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEMAN, ROBERT 790 PASQUINELLI DR WESTMONT IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, WILLIAM GILES 790 PASQUINELLI DR WESTMONT IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLWELL, LAURA 790 PASQUINELLI DR WESTMONT IL 60559	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONYNAS, DONNA 790 PASQUINELLI DR WESTMONT IL 60559	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000

Date

630.850.3811

Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90019 027 ***550.00



DO NOT WRITE IN THIS SPACE