

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 025 ***150.00

DOCUMENT # 845119

1. Entity Name
SAFE DRIVER MOTOR CLUB, INC.



Principal Place of Business
**ONE GEICO BLVD.
FREDERICKSBURG VA 22412-9000
US**

Mailing Address
**ONE GEICO PLAZA
WASHINGTON DC 20076
US**

2. Principal Place of Business
4295 Ocmulgee East Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Macon, Georgia

City & State

4. FEI Number **23-1668966**

Applied For
Not Applicable

Zip **31295** Country **USA**

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 **D** ☐ Delete
NAME **DAVIES, CHARLES R**
STREET ADDRESS **5260 WESTERN AVE**
CITY-ST-ZIP **CHEVY CHASE MD**

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

TITLE **T** ☐ Delete
NAME **SCHARA, CHARLES G.**
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-ST-ZIP **CHEVY CHASE MD**

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

TITLE **S** ☐ Delete
NAME **PHILLIPS, ROSALIND A.**
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-ST-ZIP **CHEVY CHASE MD**

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

TITLE **CD** ☐ Delete
NAME **ROBERTS, WILLIAM E**
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-ST-ZIP **CHEVY CHASE MD**

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

TITLE **PD** ☐ Delete
NAME **ZINNO, JOHN J.**
STREET ADDRESS **ONE GEICO BOULEVARD**
CITY-ST-ZIP **FREDERICKSBURG VA**

TITLE ☒ Change ☐ Addition
NAME **Zinno, John J.**
STREET ADDRESS **4295 Ocmulgee East Blvd.**
CITY-ST-ZIP **Macon, Georgia 31295**

TITLE **D** ☐ Delete
NAME **MILLER, ROBERT M**
STREET ADDRESS **ONE GEICO BLVD**
CITY-ST-ZIP **FREDERICKSBURG VA 22412**

TITLE ☒ Change ☐ Addition
NAME **Miller, Robert M.**
STREET ADDRESS **750 Woodbury Road**
CITY-ST-ZIP **Woodbury, New York 11797**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosalind A. Phillips

2/3/03

Date

301-986-2071

Daytime Phone #

CR2E034 (10/02)