

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-31-2003 90187 027 ***150.00

DOCUMENT # F00000002690

1. Entity Name

THIRD FED. INSURANCE AGENCY, INC.



Principal Place of Business
**7007 BROADWAY AVENUE
CLEVELAND OH 44105**

Mailing Address
**7007 BROADWAY AVENUE
CLEVELAND OH 44105**

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

34-1889958

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

**LESHER, PAMELA A
11125 PARK BLVD, SUITE 120
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **SINISGALLI, STEVEN P**
STREET ADDRESS **20637 WESTMINSTER DRIVE**
CITY-ST-ZIP **STRONGSVILLE OH 44149**

TITLE **V/D** ☐ Delete
NAME **PITERANS, MARIANNE**
STREET ADDRESS **7275 RIVER ROAD**
CITY-ST-ZIP **OLMSTED FALLS OH 44138**

TITLE **SD** ☐ Delete
NAME **RINGENBACH, JOHN P**
STREET ADDRESS **17712 EDGEWATER DRIVE**
CITY-ST-ZIP **LAKEWOOD OH 44107**

TITLE **TD** ☒ Delete
NAME **ALLIO, MARK S**
STREET ADDRESS **2849 SOUREK ROAD**
CITY-ST-ZIP **AKRON OH 44333**

TITLE **D** ☐ Delete
NAME **STEFANSKI, MARC A**
STREET ADDRESS **24050 STANFORD ROAD**
CITY-ST-ZIP **SHAKER HEIGHTS OH 44222**

TITLE **DAVID GROSJEAN** ☐ Delete
NAME **32303 MARGIE LANE**
STREET ADDRESS **AVON LAKE, OHIO 44012**
CITY-ST-ZIP **CO - TREASURER**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME **CO. TREASURER**
STREET ADDRESS **PAMELA A. LESHER**
CITY-ST-ZIP **11125 PARK BLVD. SUITE 120**

TITLE ☐ Change ☐ Addition
NAME **SEMINOLE, FLORIDA 33772**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)