

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90018 041 \*\*\*550.00

0134445 AT

**DOCUMENT # F00000003491**

1. Entity Name

**GT INSURANCE OF FLORIDA, INC.**

Principal Place of Business

**4920 COMMERCE PKWY. STE 2  
 WARRENSVILLE HEIGHTS OH 44128**

Mailing Address

**4920 COMMERCE PKWY. STE 2  
 WARRENSVILLE HEIGHTS OH 44128**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**34-1252928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

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 12, 2001 Fee 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NOLAND, DONALD R</b>	
STREET ADDRESS	<b>1051 WEST GROVE ROAD</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEFANSKI II, BEN S</b>	
STREET ADDRESS	<b>13710 SHAKER BLVD</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	
TITLE	<b>VTSD</b>	<input type="checkbox"/> Delete
NAME	<b>ASHER, JAMES A</b>	
STREET ADDRESS	<b>34900 BRIDLE TRAIL LANE</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>ASHER, EDWARD P</b>	
STREET ADDRESS	<b>1225 MUSIC STREET</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASHER, ANTHONY J</b>	
STREET ADDRESS	<b>1180 SURFSIDE CIRCLE</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASHER, SUZANNE M</b>	
STREET ADDRESS	<b>1180 SURFSIDE CIRCLE</b>	
CITY-ST-ZIP	<b>WARRENSVILLE HEIGHTS OH</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)