

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90262 040 ***150.00

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1. Entity Name
SAFESWAY PROPERTY INSURANCE COMPANY

Principal Place of Business
**3600 N.W. 43RD STREET
STE F-2
GAINESVILLE FL 32606
US**

Mailing Address
**3600 N.W. 43RD STREET
STE F-2
GAINESVILLE FL 32606
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 **47-0706955**

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 **PD** ☐ Delete
NAME **BORDEMAN, ROBERT M**
STREET ADDRESS **811 WEST HICKORY**
CITY-ST-ZIP **HINSDALE IL 60521**

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

TITLE **VCD** ☐ Delete
NAME **PARRILLO, WILLIAM J**
STREET ADDRESS **40 BAYBROOK LANE**
CITY-ST-ZIP **OAKBROOK IL 60521**

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

TITLE **VD** ☐ Delete
NAME **PARRILLO, WILLIAM G**
STREET ADDRESS **735 S. ADAMS**
CITY-ST-ZIP **HINSDALE IL 60521**

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

TITLE **D** ☐ Delete
NAME **FRAZIER, THEODORE J**
STREET ADDRESS **2945 O REILLY DRIVE**
CITY-ST-ZIP **LINCOLN NE**

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

TITLE **VD** ☐ Delete
NAME **LAKE, FRANK J III**
STREET ADDRESS **10514 S.W. 51ST LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **V** ☐ Delete
NAME **GRAY, SCOTT D**
STREET ADDRESS **1034 NW 90TH DR**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition
NAME **Gray, Scott D**
STREET ADDRESS **17200 W. Newberry Rd #R95**
CITY-ST-ZIP **Newberry, FL 32669**

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)