

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90085 018 ***150.00

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1. Entity Name
BRISTOL WEST INSURANCE COMPANY



Principal Place of Business
**214 SENATE AVENUE, #405
CAMP HILL PA 17011**

Mailing Address
**5701 STIRLING ROAD
DAVIE FL 33314**



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 **38-1865162**

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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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	V	☐ Delete
NAME	DAILEY, JEFFREY J	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	☐ Delete
NAME	OSTER, ALEXIS	
STREET ADDRESS	6150 OAK TREE BLVD, #500	
CITY-ST-ZIP	INDEPENDENCE OH 44131	
TITLE	P	☐ Delete
NAME	SADLER, ROBERT	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	☒ Delete
NAME	BEVAN, ROGER S	
STREET ADDRESS	1717 EAST NINTH STREET	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	T	☐ Delete
NAME	SUTTON, RANDY	
STREET ADDRESS	5701 STIRLING RD.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, V	☒ Change ☐ Addition
NAME	DAILEY, JEFFREY J	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D, V, S	☒ Change ☐ Addition
NAME	OSTER, ALEXIS	
STREET ADDRESS	6150 OAK TREE BLVD #500	
CITY-ST-ZIP	INDEPENDENCE, OH 44131	
TITLE	D, P	☒ Change ☐ Addition
NAME	SADLER, ROBERT	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	V, D	☐ Change ☒ Addition
NAME	ONDECK, JOHN L	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	T, D	☒ Change ☐ Addition
NAME	SUTTON, RANDY	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	V	☐ Change ☒ Addition
NAME	STEINMAN, EDWARD	
STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	DAVIE, FL 33314	

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003

Date

954-316-5200

Daytime Phone #

CR2E034 (10/02)