

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000005423**

1. Entity Name

**AVOMARK INSURANCE COMPANY**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90029 041 \*\*\*150.00

Principal Place of Business

136 N. THIRD ST  
 HAMILTON OH 45025

Mailing Address

136 N. THIRD ST  
 HAMILTON OH 45025-0001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Avomark Insurance Company**

Suite, Apt. #, etc.

**9450 Seward Road**

City & State  
**Fairfield, OH**

Zip  
**45014**

Country

**Butler**

4. FEI Number

**31-1482353**

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

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

7. Name and Address of New Registered Agent

Name **Tom Morton**

Street Address (P.O. Box Number is Not Acceptable)

**500 Winderley Place, Suite 200**

City **Maitland**

**FL**

Zip Code  
**32751-7207**

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

*Thomas S. Morton*

**4/12/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP PATCH, LAUREN N 434 CHISHOLM TRAIL CINCINNATI OH 45215</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARCUM, JOSEPH L 475 OAKWOOD DR HAMILTON OH 45013</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD SLONEKER, HOWARD L III 7 LITTLE CREEK LANE CINCINNATI OH 45246</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PORTER, BARRY S 385 OLIVER RD CINCINNATI OH 45215</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVDP PRENTICE, THOMAS P 7095 WALLISWOOD CT HAMILTON OH 45011</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/President William L. Woodall 136 North Third Street Hamilton, OH 45025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice Pres/Sec/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Sarah L. Burton 136 North Third Street Hamilton, OH 45025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President Elizabeth M. Riczko 136 North Third Street Hamilton, OH 45025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President Michael L. Evans 136 North Third Street Hamilton, OH 45025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Howard L. Sloneker, III*

**Howard L. Sloneker, III**

**4/14/00**

**(513) 603-2317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)