

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38382

1. Entity Name

SUPERIOR INSURANCE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90131 001 ***450.00

Principal Place of Business

3030 N ROCKY POINT RD.
TAMPA FL 33607

Mailing Address

P.O. BOX 105476
ATLANTA GA 30348-5476
US

2. Principal Place of Business

5483 WEST WATERS AVENUE

3. Mailing Address

P.O. BOX 530009

Suite, Apt. #, etc.

SUITE 1200

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

ATLANTA, GA

Zip

33634

Country

USA

Zip

30339

Country

USA

4. FEI Number

58-1593875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

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 \$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 CD
NAME SYMONS, GORDON G ☐ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE TDV ☒ Delete
NAME KACHR, THOMAS
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE VD ☒ Delete
NAME SULLIVAN, ROGER C JR
STREET ADDRESS 280 INTERSTATE N CIR, NW
CITY-ST-ZIP ATLANTA GA 30339

TITLE DVS ☒ Delete
NAME BATES, DAVID L
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE PD ☐ Delete
NAME SYMONS, ALAN G
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE VD ☐ Delete
NAME SYMONS, DOUGLAS H
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME SYMONS, GERALD G.
STREET ADDRESS 4720 KINGSWAY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE D ☐ Change ☒ Addition
NAME DAGGETT, DENNIS G.
STREET ADDRESS 4720 KINGSWAY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE PD ☐ Change ☒ Addition
NAME YERANT, GENE
STREET ADDRESS 4720 KINGSWAY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE TVD ☐ Change ☒ Addition
NAME DWYER, BRUCE K
STREET ADDRESS 4720 KINGSWAY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46205

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

TITLE SD ☒ Change ☐ Addition
NAME SYMONS, DOUGLAS H
STREET ADDRESS 4720 KINGSWAY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46205

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 25 2000 259 6302

CR2E034 (9/99)