

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90037 025 \*\*\*150.00

0005967 AT

**DOCUMENT # J06397**

1. Entity Name

**PROGRESSIVE BAYSIDE INSURANCE COMPANY**

Principal Place of Business

**4030 CRESCENT PARK DRIVE  
 BLDG B  
 RIVERVIEW FL 33569  
 US**

Mailing Address

**6300 WILSON MILLS RD  
 W33  
 MAYFIELD VILLAGE OH 44143  
 US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1193845**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITAL  
 TALLAHASSEE FL 32399**

Name

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

City

**FL**

**32399-0300**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **DOMICK, BRIAN C**  
 STREET ADDRESS **625 ALPHA DR**  
 CITY-ST-ZIP **CLEVELAND OH 44143**

TITLE ☒ Change ☐ Addition  
 NAME **Highland Hts., OH 44143**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **SHRALLOW, DANE A**  
 STREET ADDRESS **300 N COMMONS BLVD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE **VP** ☐ Delete  
 NAME **BASCH, JEFFREY W**  
 STREET ADDRESS **6300 WILSON MILLS RD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE **D** ☐ Delete  
 NAME **RENWICK, GLENN M**  
 STREET ADDRESS **6300 WILSON MILLS RD**  
 CITY-ST-ZIP **CLEVELAND OH 44143**

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

TITLE **AVP** ☐ Delete  
 NAME **DOLOHANTY, JANET A**  
 STREET ADDRESS **6300 WILSON RD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH**

TITLE ☒ Change ☐ Addition  
 NAME **James L. Kusner**  
 STREET ADDRESS **6300 Wilson Mills Rd.**  
 CITY-ST-ZIP **Mayfield Village, OH 44143**

TITLE **AS** ☐ Delete  
 NAME **CERNY, KATHLEEN M**  
 STREET ADDRESS **300 N COMMONS BLVD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)