

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90207 038 ***150.00

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**

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

31-1193845

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
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

Name
Director of Office of Insurance Regulation
Street Address (P.O. Box Number is Not Acceptable)
200 East Gaines Street
City
Tallahassee FL Zip Code
32399-0326

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DOMECK, BRIAN C
625 ALPHA DR
HIGHLAND HTS OH 44143** ☐ Delete

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
KUSMER, JAMES L
6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44143** ☐ Delete

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

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

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

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 REQUIRED **Jeffrey W. Busch**

3-17-03

440-461-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)