

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90085 050 ***158.75

DOCUMENT # J85355

1. Entity Name

SEMINOLE CASUALTY INSURANCE COMPANY

Principal Place of Business

2393 S. CONGRESS AVENUE
 W. PALM BEACH FL 33406
 US

Mailing Address

P.O. BOX 9512
 LAKE WORTH FL 33466-9512
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2916623

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
 DEPT. OF INSURANCE
 LARSON BUILDING
 TALLAHASSEE FL 32399**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **SEAMAN, CARL**
 STREET ADDRESS **63 HUNTING RIDGE RD**
 CITY-ST-ZIP **GREENWICH CT**

☐ Delete

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

TITLE **D**
 NAME **STEIN, LEWIS**
 STREET ADDRESS **552 JUNE CT.**
 CITY-ST-ZIP **WEST HEMPSTEAD NY**

☐ Delete

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

TITLE **DVTS**
 NAME **BLAKE, JAMES W**
 STREET ADDRESS **2358 SUNDERLAND AVE**
 CITY-ST-ZIP **WELLINGTON FL**

☐ Delete

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

TITLE **DP**
 NAME **BERGMAN, PETER HENRY**
 STREET ADDRESS **18637 OCEAN MIST DR.**
 CITY-ST-ZIP **BOCA RATON FL**

☐ Delete

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

TITLE **V**
 NAME **WOLKING, KENNETH A**
 STREET ADDRESS **728 F3 SUNNY PINE WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

☐ Delete

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

TITLE **DV**
 NAME **LOZANO, FRANK E**
 STREET ADDRESS **6540 RAINBOW LANE**
 CITY-ST-ZIP **DAVIE FL 33351**

☐ Delete

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:

James W. Blake
JAMES W. BLAKE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000 (561) 515-2500
 Date Daytime Phone #

CR2E034 (9/99)