

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90117 019 ***158.75

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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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2916623**

Applied For

Not Applicable

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

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

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

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

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

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

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

TITLE **DP** ☒ Change ☐ Addition
NAME **Joseph Scaturro**
STREET ADDRESS **880 NW 115th Ave.**
CITY-ST-ZIP **Plantation, FL 33325**

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

TITLE **D** ☒ Change ☐ Addition
NAME **MYRON Finkelstein**
STREET ADDRESS **7305 Corkwood Circle**
CITY-ST-ZIP **TAMPA, FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: *Joseph Scaturro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

Daytime Phone #

CR2E034 (10/02)