

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84964

1. Entity Name **PROGRESSIVE INSURANCE AGENCY, INC.**

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90013 011 ***150.00

Principal Place of Business
**2366 PINE RIDGE RD
NAPLES FL 34109
US**

Mailing Address
**P. O. BOX 7916
NAPLES FL 34101-7916**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2366 PINE RIDGE RD
Suite, Apt. #, etc.

City & State
NAPLES

Zip
34109

Country
Collier

4. FEI Number **65-0043926**

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

**BASTANI, KEN K.
492 PINE AVE
NAPLES FL 33963**

Name **KEN K. BASTANI**

Street Address (P.O. Box Number is Not Acceptable)
2366 PINE RIDGE RD

City **NAPLES** FL Zip Code **34109**

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	POVD			<input type="checkbox"/>
	BASTANI, KEN K.	492 PINE AVE	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **PROGRESSIVE INSURANCE AGENCY, INC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/00** Daytime Phone # **941-434-5500**

CR2E034 (9/99)