

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000

1. Entity Name

AMWEST SURETY INSURANCE COMPANY

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90271 045 \*\*\*150.00

Principal Place of Business

Mailing Address

5230 LAS VIRGENES RD  
ATTN: TAX MANAGER  
CALABASAS CA 91302  
US

PO BOX 4500  
WOODLAND HILLS CA 91365-4500  
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

95-2960673

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

THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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	<input type="checkbox"/> Delete
NAME	SAVAGE, RICHARD H.	
STREET ADDRESS	5230 LAS VIRGENES RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MELTON, ARTHUR	
STREET ADDRESS	5230 LAS VIRGENES RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRASER, EDGAR L	
STREET ADDRESS	350 NORTH MCCADEN PLACE	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILLERY, JAMES ALLEN	
STREET ADDRESS	5230 LAS VIRGENES RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAVAGE, JOHN	
STREET ADDRESS	5230 LAS VIRGENES RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAY, STEVEN R.	
STREET ADDRESS	5230 LAS VIRGENES RD	
CITY-ST-ZIP	CALABASAS CA 91302	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John E. Savage*

JOHN SAVAGE

5/1/00

(818) 871-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)