

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029422

1. Entity Name

SUPERIOR GUARANTY INSURANCE COMPANY

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90131 001 \*\*\*450.00

Principal Place of Business

Mailing Address

3030 N. ROCKY POINT RD.  
TAMPA FL 33607  
US

P O BOX 105476  
ATLANTA GA 30348-5476  
US

2. Principal Place of Business

5483 WEST WATERS AVE

3. Mailing Address

P.O. BOX 530009

Suite, Apt. #, etc.

SUITE 1200

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

ATLANTA, GA

4. FEI Number

59-3209601

Applied For

Not Applicable

Zip  
33634

Country  
USA

Zip  
30339

Country  
USA

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

STATE TREASURER AND INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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 CD ☐ Delete  
NAME SYMONS, GORDON G  
STREET ADDRESS 4720 KINGSWAY DR  
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE D ☒ Change ☐ Addition  
NAME SYMONS, GERALD G.  
STREET ADDRESS 4720 KINGSWAY DRIVE  
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE VD ☒ Delete  
NAME SULLIVAN, ROGER C JR  
STREET ADDRESS 280 INTERSTATE N CIR, NW STE 500  
CITY-ST-ZIP ATLANTA GA 30339

TITLE PD ☐ Change ☒ Addition  
NAME YERANT, GENE  
STREET ADDRESS 4720 KINGSWAY DRIVE  
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE D ☐ Delete  
NAME DAGGETT, DENNIS G  
STREET ADDRESS 6000 GRAND AVE  
CITY-ST-ZIP DES MOINES IA 50312

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

TITLE DV ☐ Delete  
NAME SYMONS, DOUGLAS H  
STREET ADDRESS 4720 KINGSWAY DR  
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE SD ☒ Change ☐ Addition  
NAME SYMONS, DOUGLAS H.  
STREET ADDRESS 4720 KINGSWAY DRIVE  
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE DVS ☒ Delete  
NAME BATES, DAVID L  
STREET ADDRESS 4720 KINGSWAY DR  
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE TVD ☐ Change ☒ Addition  
NAME DWYER, BRUCE K.  
STREET ADDRESS 4720 KINGSWAY DRIVE  
CITY-ST-ZIP INDIANAPOLIS, IN 46205

TITLE PD ☐ Delete  
NAME SYMONS, ALAN G  
STREET ADDRESS 4404 N MERIDIAN  
CITY-ST-ZIP INDIANAPOLIS IN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)