

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029423

1. Entity Name

SUPERIOR AMERICAN INSURANCE COMPANY

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

03-03-2000 90131 001 ***450.00

Principal Place of Business
3030 N. ROCKY POINT RD.
TAMPA FL 33607
US

Mailing Address
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

Zip
33634

Country
USA

Zip
30339

Country
USA

4. FEI Number
59-3175013

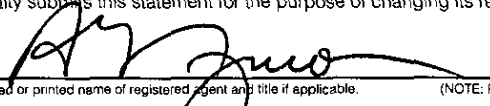
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	CO SYMONS, GORDON G 4720 KINGSWAY DR INDIANAPOLIS IN 46205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYMONS, GERALD G. 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, ROGER C JR 280 INTERSTATE N CIR, NW STE 500 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERANT, GENE 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGGETT, DENNIS G 6000 GRAND AVE DES MOINAS IA 50312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SYMONS, DOUGLAS H 4720 KINGSWAY DR INDIANAPOLIS IN 46205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYMONS, DOUGLAS H. 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BATES, DAVID L 4720 KINGSWAY DR INDIANAPOLIS IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD DWYER, BRUCE K. 4720 KINGSWAY DRIVE INDIANANPOLIS, IN 46205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYMONS, ALAN G 4720 KINGSWAY DR INDIANAPOLIS IN 46205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **FEB 25 2000** 255 6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)