

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060387

1. Entity Name
PROGRESSIVE AUTO PRO INSURANCE COMPANY

Principal Place of Business

4030 CRESCENT PARK DR.
BUILDING B
RIVERVIEW FL 33569

Mailing Address

4030 CRESCENT PARK DR.
BUILDING B
RIVERVIEW FL 33569

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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, 2001 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 DC ☒ Delete
NAME LEWIS, PETER B
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE T ☐ Delete
NAME CHOKEL, CHARLES B
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE PD ☒ Delete
NAME LEWIS, DANIEL R
STREET ADDRESS 8881 NW 18TH TERR
CITY-ST-ZIP MIAMI FL 33172

TITLE SD ☒ Delete
NAME SCHNEIDER, DAVID M
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE ATVP ☐ Delete
NAME DOLOHANTY, JANET A
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE AS ☐ Delete
NAME CERNY, KATHLEEN M
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE UP ☐ Change ☒ Addition
NAME Jeffrey W. Basch
STREET ADDRESS 6300 Wilson Mills Rd.
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE ☒ Change ☐ Addition
NAME W. Thomas Forrester, II
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☐ Addition
NAME Brian Domock
STREET ADDRESS 625 Alpha Dr.
CITY-ST-ZIP Highland Hk. OH 44143

TITLE SD ☐ Change ☒ Addition
NAME Dane A. ShraHOW
STREET ADDRESS 300 N. Commons Blvd.
CITY-ST-ZIP Mayfield Village, OH 44143

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

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 #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90436 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)