

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90135 048 ***150.00

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

3. Mailing Address

6300 Wilson Mills Rd

Suite, Apt. #, etc.

W-33

City & State
Mayfield Village, OH

Zip

44143-2182

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3213815**

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

STATE TREASURER AND INSURANCE COMMISSIONER

THE CAPITOL

TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

200 East Gaines Street

Larson Building

City

Tallahassee

FL

32399-0300

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BASCH, JEFFREY W	
STREET ADDRESS	6300 WILSON MILLS ROAD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORRESTER, W. THOMAS II	
STREET ADDRESS	6300 WILSON MILLS RD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOMICK, BRIAN	
STREET ADDRESS	625 ALPHA DRIVE	
CITY-ST-ZIP	HIGHLAND HT OH 44143	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHRALLOW, DANE A	
STREET ADDRESS	300 N COMMONS BLVD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	BOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen D. Peterson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian C. Domeck	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Kusmer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N. Commons Blvd.	
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)