

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90130 020 ***150.00

DOCUMENT # P94000060394

1. Entity Name

PROGRESSIVE CONSUMERS INSURANCE COMPANY

Principal Place of Business

Mailing Address

4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW FL 33569

4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW FL 33569

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 59-3213819

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 No.)

NO CHANGE

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	6- DELETE
NAME	LEWIS, PETER B
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143
TITLE	AT&V
NAME	DOLOHANTY, JANET A
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143
TITLE	TAVID
NAME	CHOKEL, CHARLES B
STREET ADDRESS	6300 WILSON MILLS RD.
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143
TITLE	PD
NAME	LEWIS, DANIEL R
STREET ADDRESS	8881 NW 18TH TERR
CITY-ST-ZIP	MIAMI FL 33172
TITLE	DS
NAME	SCHNEIDER, DAVID M
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143
TITLE	AS
NAME	CERNY, KATHLEEN M
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Thomas Forrester II	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)