

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90093 030 ***150.00

DOCUMENT # P94000060430

1. Entity Name

PROGRESSIVE EXPRESS INSURANCE COMPANY

Principal Place of Business

Mailing Address

2. Principal Place of Business

4030 CRESCENT PARK DRIVE

Suite, Apt. #, etc.

BUILDING B

City & State

RIVERVIEW, FL

Zip

33569

Country

3. Mailing Address

6300 WILSON MILLS RD, 1033

Suite, Apt. #, etc.

City & State

MAYFIELD VILLAGE, OH

Zip

44143

Country

4. FEI Number

59-3213719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A3861771

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL 32399

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LEWIS, PETER B	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/>
	AS	CERNY, KATHLEEN M		<input type="checkbox"/>
	AVP	CHOKEL, CHARLES B.	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/>
				<input type="checkbox"/>
	ATVP	DOLOHANTY, JANET A.	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	P	DAVECK, BRIAN C.	3600 W. COMMERCIAL BLVD, SUITE 100 LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	S	SHALLOW, DANE A.	300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 (9/99)