

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 037 ***150.00

0321827 AV

DOCUMENT # P95000074275
 1. Entity Name
BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

Principal Place of Business Mailing Address
5701 STIRLING ROAD 5701 STIRLING ROAD
DAVIE FL 33314-7431 DAVIE FL 33314-7431



DO NOT WRITE IN THIS SPACE

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 **65-0616769** 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

SIMON, DONALD
5701 STIRLING ROAD
DAVIE FL 33314

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD SIMON, DONALD**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☒ Delete
 NAME **VD MCPADDEN, MATTHEW S**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete
 NAME **SD HAMMOND, GREGORY**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete
 NAME **T SUTTON, RANDY**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete
 NAME **VD BURTCH, DOUGLAS**
 STREET ADDRESS **5701 STIRLING RD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete
 NAME **VD HAYNE, RICHARD**
 STREET ADDRESS **5701 STIRLING RD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

GREGORY-J-HAMMOND

4/13/2002 954-316-5200

Daytime Phone #

CR2E034 (9/01)

Attachment
6/20/21

Addendum to Document # P95000074275
Bristol West Insurance Services, Inc. of Florida

VD
NOLAN, KATHERINE
5701 STIRLING ROAD
DAVIE, FL 33314

DELETE