

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010117

1. Entity Name

IMPERIAL INSURANCE GROUP, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90015 009 ***150.00

Principal Place of Business

800 SEAGATE DR
#204
NAPLES FL 34103
US

Mailing Address

800 SEAGATE DR
#204
NAPLES FL 34103
US

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

59-3422938

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

WEBRE, HAROLD J ESQ
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SROUSE, DONALD C
571 NEOPOLITAN LANE
NAPLES FL 34103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
STEUK, JEFFRY H
1521 COVINGTON CIRCLE EAST
FORT MYERS FL 33919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

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 #

7-6-01

941-263-0550

CR2E034 (5/01)



IMPERIAL
INSURANCE GROUP INC.

Attachment
DO # PG7000010117

C0074548

July 6, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee FL 32302 1500

To Whom It May Concern:

This notification was the first one we received for the year 2001. We are not in the habit of paying our bills late.

Please find attached a check in the amount of \$150.00. The original amount due and please accept this as full payment for the year 2001.

Regretfully,

Jeffrey H. Stuck
Executive Vice President

