

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068864

1. Entity Name

AMERICAN SUPERIOR INSURANCE COMPANY

Principal Place of Business

Mailing Address

LAKESIDE OFFICE CENTER  
600 NORTH PINE ISLAND ROAD  
PLANTATION FL 33324

LAKESIDE OFFICE CENTER  
600 NORTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 65-0777128

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

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

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 \$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 CD ☐ Delete  
NAME VAN METER, WILLIAMS  
STREET ADDRESS 611 18TH STREET SOUTH  
CITY-ST-ZIP NAPLES FL 34102

TITLE PD ☐ Delete  
NAME RENIRO, TIMOTHY  
STREET ADDRESS 2945 SURREY LANE  
CITY-ST-ZIP WESTON FL 33331

TITLE D ☐ Delete  
NAME LATTA, WILLIAM S  
STREET ADDRESS P.O. BOX 29  
CITY-ST-ZIP HENDERSON KY 42420

TITLE D ☐ Delete  
NAME HUDSON, GREG  
STREET ADDRESS P.O. BOX 250, 230 GREG HUDSON DR.  
CITY-ST-ZIP PROVIDENCE KY 42420

TITLE D ☒ Delete  
NAME PETERS, BRUCE A  
STREET ADDRESS P.O. BOX 99  
CITY-ST-ZIP OWENSBORO KY 42302

TITLE D ☐ Delete  
NAME DUER, RICHARD  
STREET ADDRESS 3501 SW BIMINI CR., N  
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Change ☒ Addition  
NAME vince A. Berta  
STREET ADDRESS 907 Elmwood CT  
CITY-ST-ZIP Bowling Green, KY 42103

TITLE S/T ☐ Change ☒ Addition  
NAME David G. Pirrung  
STREET ADDRESS 5730 NW 61ST Place  
CITY-ST-ZIP Parkland, FL 33067

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

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

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

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:

*David G. Pirrung - Secretary*

4/18/01

(954) 577-2200 X2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0268535

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90080 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE