

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90074 019 ***150.00

DOCUMENT # P97000068864

1. Entity Name
AMERICAN SUPERIOR INSURANCE COMPANY



Principal Place of Business
LAKESIDE OFFICE CENTER
600 NORTH PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address
LAKESIDE OFFICE CENTER
600 NORTH PINE ISLAND ROAD
PLANTATION FL 33324

11007732



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0777128**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **SEC** ☐ Change ☒ Addition
NAME **Scott Bachert**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **BERTA, VINCE A**
STREET ADDRESS **907 ELMWOOD CT**
CITY-ST-ZIP **BOWLING GREEN KY 42103**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/03

954-577-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)