

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081704

1. Entity Name

PROFESSIONAL PROTECTIVE INSURANCE COMPANY

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90101 029 ***158.75

Principal Place of Business

507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK FL 32789

Mailing Address

507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK FL 32789-3186

A0004422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3447604

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

BAY, JEFFREY
507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK FL 32789

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, 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	D	<input type="checkbox"/> Delete
NAME	BAY, JEFFREY	
STREET ADDRESS	2080 MELROSE DRIVE	
CITY-ST-ZIP	DECATUR IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, THOMAS R JR.	
STREET ADDRESS	17950 S.W. 285TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUVIN, LAWRENCE P	
STREET ADDRESS	2151 HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NENEZIAN, GEORGE	
STREET ADDRESS	7000 ABERDEEN WAY	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUND, ALAN	
STREET ADDRESS	17363 SW 267 LANE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEIDENSTRICKER, PETER	
STREET ADDRESS	4628 MIRABELLA COURT	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAY, JEFFREY	
STREET ADDRESS	3918 GREENOCK COURT	
CITY-ST-ZIP	APOPKA, FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTRA, PIER	
STREET ADDRESS	4939 GAY WAY DRIVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINSON, THOMAS	
STREET ADDRESS	14112 LEICESTER LANE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

THOMAS L. STINSON

Date

1/4/00 407-622-2297

Daytime Phone #