

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90007 043 ***158.75

DOCUMENT # P97000081704

1. Entity Name

VANGUARD FIRE & CASUALTY COMPANY

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

2. Principal Place of Business

2107 PARK AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Address

2107 PARK AVENUE NORTH

Suite, Apt. #, etc.

City & State

WINTER PARK

FL

City & State

WINTER PARK

FL

4. FEI Number

59-3447604

Applied For

Not Applicable

Zip
32789

Country
US

Zip
32789

Country
US

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

TOFFOLI, MICHAEL L
507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK FL 32789

Name
TOFFOLI, MICHAEL L
 Street Address (P.O. Box Number is Not Acceptable)
2107 PARK AVENUE NORTH
 City
WINTER PARK **FL** Zip Code
32789

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 **X M. Toffoli**

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
PD
 NAME
BAY, JEFFREY ☒ Delete
 STREET ADDRESS
3918 GREENOCK COURT
 CITY-ST-ZIP
APOPKA FL

TITLE
D ☐ Delete
 NAME
JONES, THOMAS R JR.
 STREET ADDRESS
17950 S.W. 285TH STREET
 CITY-ST-ZIP
HOMESTEAD FL

TITLE
D ☐ Delete
 NAME
KUVIN, LAWRENCE P
 STREET ADDRESS
2151 HIATUS ROAD
 CITY-ST-ZIP
DAVIE FL

TITLE
D ☐ Delete
 NAME
NENEZIAN, GEORGE
 STREET ADDRESS
7000 ABERDEEN WAY
 CITY-ST-ZIP
MIAMI LAKES FL

TITLE
D ☐ Delete
 NAME
LUND, ALAN
 STREET ADDRESS
17363 SW 267 LANE
 CITY-ST-ZIP
HOMESTEAD FL

TITLE
VP ☒ Delete
 NAME
SEIDENSTRICKER, PETER
 STREET ADDRESS
4628 MIRABELLA COURT
 CITY-ST-ZIP
ST. PETE BEACH FL 33706

TITLE
P.D. ☐ Change ☒ Addition
 NAME
TOFFOLI, MICHAEL L
 STREET ADDRESS
102 SPRING LAKE LANE
 CITY-ST-ZIP
ALTAMONT SPRINGS 32714

TITLE
VP ☐ Change ☒ Addition
 NAME
WESTRA, PIER
 STREET ADDRESS
4939 BAY WAY DR.
 CITY-ST-ZIP
MIAMI, FL 33629

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
CEO, D ☒ Change ☐ Addition
 NAME
LUND, ALAN
 STREET ADDRESS
17363 SW 267 LANE
 CITY-ST-ZIP
HOMESTEAD FL

TITLE
CFO ☐ Change ☒ Addition
 NAME
STINSON, THOMAS
 STREET ADDRESS
13638 CRYSTAL RIVER DR.
 CITY-ST-ZIP
ORLANDO, FL 32828

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01
 Date

407-622-2297
 Daytime Phone #

CR2E034 (10/00)