

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90119 011 ***150.00

DOCUMENT # P97000081704

1. Entity Name
VANGUARD FIRE & CASUALTY COMPANY



Principal Place of Business
2105 PARK AVE NORTH
WINTER PARK FL 32789

Mailing Address
2105 PARK AVE NORTH
WINTER PARK FL 32789

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 **59-3447604**

Applied For

Not Applicable

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

STINSON, THOMAS L
2105 PARK AVE NORTH
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. 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **TOFFOLI, MICHAEL L**
STREET ADDRESS **102 SPRING LAKE LN**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

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

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

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

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

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

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

TITLE **CFO** ☐ Delete
NAME **STINSON, THOMAS**
STREET ADDRESS **13638 CRYSTAL RIVER DR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **CFO D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **WILLIAM T. SANDERS**
STREET ADDRESS **1622 EAGLE NEST CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2003 (407) 622-2297

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#

**2003 For Profit Corporation
Uniform Business Report (UBR)**

70633140
\$97000081704

Vanguard Fire & Casualty

FEI Number: 59-3447604

ITEM 11, CONTINUED:

☐ Change

☒ Addition

TITLE: S/T/D
NAME: THOMAS R. JONES, JR.
STREET ADDRESS: 17950 S.W. 285 ST
CITY - ST - ZIP: HOMESTEAD, FL 33030