

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90364 050 ***158.75

DOCUMENT # P99000015696

1. Entity Name

AMERICAN SELECT INSURANCE MANAGEMENT CORPORATION

Principal Place of Business

2300 CURLEW RD., STE 200
PALM HARBOR FL 34683

Mailing Address

2300 CURLEW RD., STE 200
PALM HARBOR FL 34683

2. Principal Place of Business

3605 US Alt 19 N

3. Mailing Address

P.O. Box 1575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor, FL

4. FEI Number

59-3575067

Applied For

Not Applicable

Zip

Country

Zip

Country

34682

US

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESSON, PHILLIP G
2300 CURLEW RD., STE 200
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

3605 US Alt 19 N

City

Palm Harbor

FL

Zip

34683

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

Phillip G. Chesson

Phillip G. Chesson

1/17/01

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 NAME STREET ADDRESS CITY-ST-ZIP	VP CHESSON, PHILLIP G 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWLES, JIM 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT KLIMCZAK, PAUL J 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, DAVE SAO 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAVON, ROY SBO 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS FAY, WILLIAM 2300 CURLEW RD., STE 200 PALM HARBOR FL 34683	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	
P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	
EVPT/T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	
VP/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	
RAVEN, ROY SBO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	
SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3605 Alt US 19 N	

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:

Phillip G. Chesson VP

Phillip G. Chesson

1/17/01

(727) 772-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

BLOCK 12 – OFFICER ADDITIONS

1. SVPS
JIMMY R. POTTS
3605 ALT US 19N
PALM HARBOR, FL 34683

Doc # 799000015696
C6055200

2. VP
FRANK DONOFRIO
3605 ALT US 19N
PALM HARBOR, FL 34683

3. VP
MARIANNE CINQUINI
3605 ALT US 19N
PALM HARBOR, FL 34683