

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081091

1. Entity Name

STELLAR INSURANCE GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 12 PM 4:26

Principal Place of Business

5310 CYPRESS CENTER DRIVE  
STE 115  
TAMPA FL 33609

Mailing Address

5310 CYPRESS CENTER DRIVE  
STE 115  
TAMPA FL 33609

2. Principal Place of Business

2203 N. LOIS AVENUE

Suite, Apt. #, etc.

9th Floor

3. Mailing Address

2203 N. LOIS AVENUE

Suite, Apt. #, etc.

9th Floor

REINSTATEMENT

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3618384

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTO, CHRISTOPHER  
5310 CYPRESS CENTER DRIVE  
STE 115  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Loto, Christopher

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

2203 N. LOIS AVENUE

9th Floor

City

Tampa

FL

Zip Code

33607

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

CHRISTOPHER J. LOTO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME ☐ Delete  
D KAGALWALLA, ABDULLA  
STREET ADDRESS 5310 CYPRESS CENTER DR, STE 115  
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Delete  
D SAVORELLI, FRANK  
STREET ADDRESS 5310 CYPRESS CENTER DR, STE 115  
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
Kagalwalla, Abdulla  
STREET ADDRESS 2203 N. LOIS AVENUE  
CITY-ST-ZIP 9th Floor Tampa, FL 33607

TITLE NAME ☒ Change ☐ Addition  
SAVORELLI, Frank  
STREET ADDRESS 2203 N. LOIS AVENUE  
CITY-ST-ZIP 9th Floor Tampa, FL 33607

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Frank Savorelli

10-6-00

(813) 286-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #