

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90093 028 ***150.00

DOCUMENT # 658743

1. Entity Name

PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

4030 CRESCENT PARK DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

6300 WILSON MILLS RD, W33
 Suite, Apt. #, etc.

BUDINE B
 City & State

RIVERVIEW, FL

Zip Country

33569

City & State

MAYFIELD VILLAGE

Zip Country

44143

4. FEI Number

59-1951700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

40061773

6. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	AS
STREET ADDRESS	CERNY, KATHLEEN M.
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	CD
STREET ADDRESS	LEWIS, PETER B
CITY-ST-ZIP	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143
TITLE	☐ Delete
NAME	ATVP
STREET ADDRESS	DOLHANTY, JANET A.
CITY-ST-ZIP	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	AVP
STREET ADDRESS	CHOKEL, CHARLES B.
CITY-ST-ZIP	6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	P
STREET ADDRESS	DOHECK, BRIAN C
CITY-ST-ZIP	3600 W. COMMERCIAL BLVD, SUITE 100 LAUDERDALE LAKES, FL 33309
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	300 N. COMMONS BLVD
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	S
STREET ADDRESS	SHRALLOW, DANE A
CITY-ST-ZIP	300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143
TITLE	☐ Change ☒ Addition
NAME	D
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)