

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90007 027 \*\*\*550.00

**DOCUMENT # P10106**

1. Entity Name  
**ACCELERATION NATIONAL INSURANCE COMPANY**

Principal Place of Business  
 ACCELERATION NATIONAL INS  
 12603 SOUTHWEST FWY #315  
 STAFFORD TX 77477  
 US

Mailing Address  
 ACCELERATION NATIONAL INS  
 12603 SOUTHWEST FWY. #315  
 STAFFORD TX 77477  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0989212**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**INSURANCE COMMISSIONER  
 CAPITOL BLDG.  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 STREET ADDRESS CITY-ST-ZIP	VDS ALEXANDER, NICHOLAS Z. <input checked="" type="checkbox"/> Delete 7970 GREENSIDE LANE COLUMBUS OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COATS, DOUGLAS J <input checked="" type="checkbox"/> Delete 12603 SOUTHWEST FREEWAY, STE 315 STAFFORD TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, CYNTHIA A. <input checked="" type="checkbox"/> Delete 12603 SOUTHWEST FREEWAY STE 315 STAFFORD TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTLUND, ROBERT <input checked="" type="checkbox"/> Delete 12603 SOUTHWEST FREEWAY, STE 315 STAFFORD TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gerald Howard Paster 75 West Street Simsbury, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Douglas James Coats</del> <del>75 West Street</del> <del>Simsbury, CT 06070</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathleen Jane Wilson 75 West Street Simsbury, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Alfred Lawrence 75 West Street Simsbury, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Johnson Renwick 75 West Street Simsbury, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Joseph Kozuck 75 West Street Simsbury, CT 06070

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.043(1), 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

9/6/00  
 Date

860-843-7600  
 Daytime Phone #

CR2E034 (5/00)