DOCUMENT # 707037 1. Entity Name					FILED			
INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY,					Jan 20, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address			01-20-2000 901	26 026 ****61	.25	
	AND PARK BLVD.	P.O. BOX 11601						
#401 FT. LAUDERDALE FL 33306 US		#401 FORT LAUDERDALE FL 333: US	FORT LAUDERDALE FL 33339-1601		1911 88111 18812 88188 11111 1881 8			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				ih (1811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE		
City & State		City & State	City & State		59-0944561	Applied For Not Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address o	f Current Registered Agent		7. Name and Address of New Registered A				
				Name DeBeltrand, Melanie A.				
	ERALDINE J.		Street Address (P.O. Box Number is Not Acceptable)					
2787 E. O #401	AKLAND PARK BLVD.		S	ame				
	ERDALE FL 33306		City			FL Zip Cod	e	
8. The above	named entity submits this sta	atement for the purpose of changing its r	registered office or re	egistered agent, or bot	th, in the state of Fiorida.	•		
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SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable. (NOTE:	: Registered Agent signature	required when reinstating)		<u>4 / 2000</u> DATE		
					1			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution. Added			eck Payable to ment of State	·	
10.	OFFICERS	S AND DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AN	ND DIRECTORS IN		
TITLE NAME	VD	☐ Delete	TITLE	President		♂ Change	☐ Addition	
STREET ADDRESS	TEUTON, DOUG 1150 E ATLANTIC BLVD		STREET ADDRESS	Same				
CITY-ST-ZIP	POMPANO BCH FL 330	61	CITY-ST-ZIP					
TITLE NAME	STD VAUGHT, JAMES	☐ Delete	TITLE NAME		ce President			
STREET ADDRESS	2590 HOLLYWOOD BLV	D	STREET ADDRESS	Same	.me			
CITY-ST-ZIP	HOLLYWOOD FL 33020	Delete	CITY-ST-ZIP	Director		☐ Change	Addition	
TITLE NAME	PP GROSS, RICHARD	∠ Delete	TITLE NAME	Patricia	Priester	□ Change	M Modition	
STREET ADDRESS	5201 RAVENSWOOD RO		STREET ADDRESS CITY-ST-ZIP	3201 N. F	01 N. Federal Highway . Lauderdale, FL 33306			
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33	312 Delete	TITLE	<u> Ft. Laude</u> Secy/Trea		33306 Change	Addition	
NAME	LANZA, DIANA		NAME	Same	- •			
STREET ADDRESS CITY-ST-ZIP	9702 W SAMPLE RD CORAL SPRINGS FL 330	nes .	STREET ADDRESS CITY-ST-ZIP				Ì	
TITLE	D ;	Delete	TITLE	Director		☐ Change	Addition	
NAME STREET ADDRESS	GILLISPIE, JEFF		NAME STREET ADDRESS	Tam Engli	sh	m		
CITY-ST-ZIP	1314 E ATLANTIC BLVD POMPANO BEACH FL 3		CITY-ST-ZIP	510 S. An - Fl 33301	drews Ave,	Ft. Laud	ierdale	
TITLE	PD '	☐ Delete	TITLE	Past Pres	ident	Change	Addition	
NAME STREET ADDRESS	ROGAN, THOMAS J 16350 NW 8TH STREET	and the second of the second o	STREET ADDRESS	140 S. Un	iversity Dr		te E	
CITY-ST-ZIP	SUNRISE FL 33325		CITY-ST-ZIP	Plantatio	<u> </u>			
12. I hereby of indicated	certify that the information suc	plied with his filing does not qualify for a report is true and accurate and that m	the exemption state y signature shall hav	d in Section 119.07(3)(ve the same legal effec	i), Florida Statutes. I furth it as if made under oath; t	er certify that the in hat I am an officer	or director	
of the cor	contribute for contribution						PIDAL 11 if	
changed,	poration or the receiver or tru , or on an attachment with an	died with his filling does not quality for di robort is true and accurate and that m see empowered to execute this report a dddress, with all other like empowered.	as required by Chapi	ter 617, Florida Statute	s; and that my hame app	ears in Block 10 or	BIOCK I FII	
changed,	TURE: Whish	dee empowered to execute this report a ddroe, with electric like empowered.	EVAS W	. Teu Ton	1 :/ /	(954)	85-2056	