

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 08:00 AM****Secretary of State****DOCUMENT # 707037****1. Entity Name****INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.****Principal Place of Business**2787 E. OAKLAND PARK BLVD.  
#401  
FT. LAUDERDALE FL  
33306 US**Mailing Address**P.O. BOX 11601  
#401  
FORT LAUDERDALE FL  
333391601 US**2. Principal Place of Business**

1230 NE 26TH TERRACE

**3. Mailing Address**

P.O. BOX 1441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

POMPANO BEACH FL

**City & State**

POMPANO BEACH FL

**4. FEI Number****59-0944561****Applied For****Not Applicable**Zip  
33062Country  
USZip  
33061Country  
US**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**DE BELTRAND MELANIE A  
2787 E. OAKLAND PARK BLVD.  
#401  
FT. LAUDERDALE FL  
33306 US**7. Name and Address of New Registered Agent**Name  
DE BELTRAND MELANIE A  
Street Address (P.O. Box Number is Not Acceptable)  
1230 NE 26TH TERRACE  
City  
POMPANO BEACH FL Zip Code  
33062**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 MELANIE A DEBELTRAND****02/07/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.** ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PP	<input type="checkbox"/> Delete
NAME	ROGAN THOMAS J	
STREET ADDRESS	140 S UNIVERSITY DR SUITE E	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH TAM	
STREET ADDRESS	510 S ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANZA DIANA	
STREET ADDRESS	9702 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIESTER PATRICIA	
STREET ADDRESS	3201 N FEDERAL HWY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAUGHT JAMES	
STREET ADDRESS	2590 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	P	<input type="checkbox"/> Delete
NAME	TEUTON DOUG	
STREET ADDRESS	1150 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33061	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITBART STEVE	
STREET ADDRESS	5800 NORTH ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZA DIANA	
STREET ADDRESS	9702 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIESTER PATRICIA	
STREET ADDRESS	3201 N FEDERAL HWY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHT JAMES	
STREET ADDRESS	2590 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEUTON DOUG	
STREET ADDRESS	1150 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33061	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: JIM VAUGHT****P****02/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)

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**BROOKSIE PEEPLES - D**  
**5750 MARGATE BLVD. SUITE 202**

**MARGATE, FL 33063**

**COLIN LOWE - D**  
**5900 NORTH ANDREWS AVE**

**FT. LAUDERDALE, FL 33309**

**FRANK PETTINEO - D**  
**2430 EAST COMMERCIAL BLVD.**

**FT. LAUDERDALE, FL 33306**

**SUSAN KANE - D**  
**2500 N. POWERLINE ROAD**

**POMPANO BEACH, FL 33069**