

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90156 004 \*\*\*150.00

**DOCUMENT # F02000005369**

1. Entity Name  
**CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES, NC**



Principal Place of Business  
**18551 VON KARMAN AVE STE. 120  
IRVINE CA 92612**

Mailing Address  
**18551 VON KARMAN AVE STE. 120  
IRVINE CA 92612**

**30007037**



2. Principal Place of Business  
**18551 Von Karman Ave**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 120**

City & State  
**Irvine CA**

City & State

4. FEI Number **33-0265734**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PAPASTATHIS, DIMITRIOS LEW**  
STREET ADDRESS **1920 EAST 17TH ST STE. 130**  
CITY-ST-ZIP **SANTA ANA CA 92705**

TITLE **D** ☐ Change ☐ Addition  
NAME **William C. Prentiss**  
STREET ADDRESS **4560 E. Eisenhower Circle**  
CITY-ST-ZIP **Anaheim CA 92809**

TITLE **D** ☐ Delete  
NAME **WALKER, ROBERT TALLEY**  
STREET ADDRESS **1920 EAST 17TH ST STE. 130**  
CITY-ST-ZIP **SANTA ANA CA 92705**

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

TITLE **P** ☐ Delete  
NAME **LARSON, RANDALL GLENN**  
STREET ADDRESS **18551 VON KARMAN AVE STE. 120**  
CITY-ST-ZIP **IRVINE CA 92612**

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

TITLE **P** ☐ Delete  
NAME **ROHRER, ROBERT LELAND**  
STREET ADDRESS **18551 VON KARMAN AVE STE. 120**  
CITY-ST-ZIP **IRVINE CA 92612**

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

TITLE **S** ☐ Delete  
NAME **MCFARLAND, RUSSELL DUANE**  
STREET ADDRESS **18551 VON KARMAN AVE STE. 120**  
CITY-ST-ZIP **IRVINE CA 92612**

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

TITLE **T** ☐ Delete  
NAME **FREEMAN, LEONARD EDWARD**  
STREET ADDRESS **1920 EAST 17TH ST. STE. 130**  
CITY-ST-ZIP **SANTA ANA CA 92705**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)