## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

IRVINE CA 92618

9800 MUIRLANDS BLVD

## DOCUMENT # F9700005144

Principal Place of Business

9800 MUIRLANDS BLVD

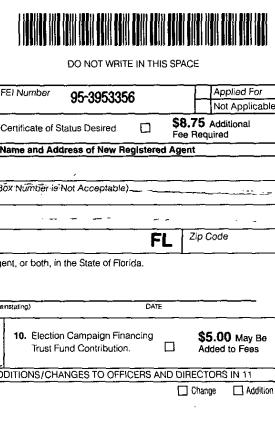
IRVINE CA 92618

ZC STERLING INSURANCE AGENCY, INC.

## FILED Sep 05, 2000 8:00 am Secretary of State

09-05-2000 90022 012 \*\*\*550.00

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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 95-3953356		Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Reg	stered Ag	ent		1
526	I SERVICES, INC. E PARK AVENUE		Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
TALI	LAHASSEE FL 32301			يرين به سي سيد يت ا				1
<i>†</i>			City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	<del></del>	
SIGNATURE 9. This corpo Tax filing re	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW	TE Registered Agent signature required in the signature required in the second second in the second second in the second second in the second	50.00 10. Election Campaign Finan	DATE		O May Be to Fees	1
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	┨
TTLE VAME STREET ADDRESS CITY-ST-ZIP	PD KROCHALIS, WILLIAM 226 LINDSEY PL MARRIETTA GA 30067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2E034 (5/00)
TITLE NAME STREET ADORESS CITY-ST-ZIP	VTS NOVAK, JAMES P 20 PRESTWICK WAY COTO DE CAZA CA 92679	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ε	] Change	Addition	5
itle Iame Stree <u>t adoress</u> Sity-st-zip	D MIZEL, ADAM 59:BUXTON:RD CHATHAM NJ 07928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, RONALD MARK 25 SEA BRIDGE RD LAGUNA NIGUEL CA 92677	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ε	] Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	D WASERMAN, DAVID 14 CABRIOLET LANE MELVILLE NY 11747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	1
ITLE IAME ITREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	1

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 popular required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like eparts

SIGNATURE: