

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90335 016 ***150.00

DOCUMENT # F97000005144

1. Entity Name

ZC STERLING INSURANCE AGENCY, INC.

Principal Place of Business

9800 MUIRLANDS BLVD
IRVINE CA 92618
US

Mailing Address

9800 MUIRLANDS BLVD
IRVINE CA 92618
US

2. Principal Place of Business

210 Interstate North Pkwy

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta GA

Zip

30339

Country

USA

3. Mailing Address

210 Interstate North Pkwy

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta GA

Zip

30339

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3953356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
NAME KROCHALIS, WILLIAM
STREET ADDRESS 226 LINDSEY PL
CITY-ST-ZIP MARIETTA GA 30067 ☐ Delete

TITLE VTS
NAME NOVAK, JAMES P
STREET ADDRESS 20 PRESTWICK WAY
CITY-ST-ZIP COTO DE CAZA CA 92679 ☐ Delete

TITLE D
NAME MIZEL, ADAM
STREET ADDRESS 59 BUXTON RD
CITY-ST-ZIP CHATHAM NJ 07928 ☐ Delete

TITLE V
NAME CHAPMAN, RONALD MARK
STREET ADDRESS 25 SEA BRIDGE RD
CITY-ST-ZIP LAGUNA NIGUEL CA 92677 ☐ Delete

TITLE D
NAME WASERMAN, DAVID
STREET ADDRESS 14 CABRIOLET LANE
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VTS
NAME Novak, James P
STREET ADDRESS 210 Interstate North Pkwy Suite 400
CITY-ST-ZIP Atlanta, GA 30339 ☒ Change ☐ Addition

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

TITLE V
NAME Chapman, Ronald Mark
STREET ADDRESS 210 Interstate North Pkwy Suite 400
CITY-ST-ZIP Atlanta, GA 30339 ☒ Change ☐ Addition

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

TITLE T
NAME Franks, Steve
STREET ADDRESS 210 Interstate North Pkwy Suite 400
CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☒ Addition

13. 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 11 or Block 12 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

1/30/01

Date

770-690-8400

Daytime Phone #

CR2E034 (10/00)