

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

CR2E034 (9/01)

**DOCUMENT # F97000005144**

1. Entity Name  
**ZC STERLING INSURANCE AGENCY, INC.**

02-06-2002 90023 026 \*\*\*150.00

Principal Place of Business  
**210 INTERSTATE NORTH PKWY**  
**SUITE 400**  
**ATLANTA GA 30339**  
**US**

Mailing Address  
**210 INTERSTATE NORTH PKWY**  
**SUITE 400**  
**ATLANTA GA 30339**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3953356**

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

**SEMINARIO, MICHAEL**  
**8655 BAYPINE ROAD, BLDG.6**  
**JACKSONVILLE FL 32256**

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]* (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KROCHALIS, WILLIAM	
STREET ADDRESS	226 LINDSEY PL	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	NOVAK, JAMES P	
STREET ADDRESS	210 INTERSTATE NORTH PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZEL, ADAM	
STREET ADDRESS	59 BUXTON RD	
CITY-ST-ZIP	CHATHAM NJ 07928	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAPMAN, RONALD MARK	
STREET ADDRESS	210 INTERSTATE NORTH PKWY., STE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASERMAN, DAVID	
STREET ADDRESS	14 CABRIOLET LANE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANKS, STEVE	
STREET ADDRESS	210 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #