

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90058 027 \*\*\*150.00

**DOCUMENT # F98000002480**

1. Entity Name

**ARCADIA INSURANCE ADMINISTRATORS, INC.**

Principal Place of Business

**HAMILTON BLVD., STE 100  
 HILLS MI 48334**

Mailing Address

**SANDERS  
 2700 SANDGAS RD.  
 TAX- 2 SOUTH  
 PROSPECT HEIGHTS IL 60070**

2. Principal Place of Business **CORPORATE**

**200 Somerset Blvd.,**  
 Suite, Apt. #, etc.

**Suite #100**

**Bridgewater, NJ**

**08807**

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**94-3054027**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	BUCKERT, RONALD L	
STREET ADDRESS	32991 HAMILTON CT., STE 100	
CITY-ST-ZIP	FARMINGTON HILLS	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHAY, PAUL R	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TITUS, TIMOTHY J	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZELL, LAWRENCE H	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DAS	<input checked="" type="checkbox"/> Delete
NAME	SHOOP, DEBORAH M	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WINDER, RICHARD S	
STREET ADDRESS	27 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.R. O'Brien <b>CORPORATE</b>	
STREET ADDRESS	200 Somerset Blvd, Suite 100	
CITY-ST-ZIP	Bridgewater, NJ 08807	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.E. Daniel	
STREET ADDRESS	2700 Sanders Rd,	
CITY-ST-ZIP	Prospect Heights, IL 60070	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K.A. Anderson <b>CORPORATE</b>	
STREET ADDRESS	200 Somerset Blvd, Suite 100	
CITY-ST-ZIP	Bridgewater, NJ 08807	
TITLE	ASD P.A. COLZA <b>CORPORATE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K.P. Bryans	
STREET ADDRESS	200 Somerset Blvd, Suite 100	
CITY-ST-ZIP	Bridgewater, NJ 08807	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.J. Titus J.A. DAVIS <b>CORPORATE</b>	
STREET ADDRESS	200 Somerset Blvd, Suite 100	
CITY-ST-ZIP	Bridgewater, NJ 08807	

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: ROBERT E. DANIEL**

4/25/00

(847)564-6762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)