

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90402 027 ***150.00

DOCUMENT # F99000004210

1. Entity Name
 NCRS INSURANCE AGENCY, INC.

Principal Place of Business 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	Mailing Address 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435-5228
2. Principal Place of Business 200 S. Andrews Ave Suite, Apt. #, etc.	3. Mailing Address 200 S. Andrews Ave. Suite, Apt. #, etc.

948874



DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 41-1925330	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country U.S.A.	Zip 33301	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BRIGGS, ROBERT L 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V PEARMAN, CARLOS 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TDAS MARTIN, JOSEPH L 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S BENZIAN, JOHN M 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS MORSE, MARY 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D COLE, JAMES O 110 S.E. 6TH STREET FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John M. Benzian 4-20-00 612/830-2762
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John M. Benzian, Asst. Sec. Date Daytime Phone #

CR2E034 (9/99)

Attachment
948874
#F99000004210

NCRS Insurance Agency, Inc.
200 S. Andrews Avenue
Ft. Lauderdale, FL 33301

OFFICERS

President Ernest L. Johnson

Vice President &
Chief Financial Officer Kathleen W. Hyle

Vice President, &
Chief Legal Officer Scott D. Lieberman

Secretary Howard D. Schwartz

Vice President Larry Soleta

Vice President Carlos Pearman

Treasurer Leland F. Wilson

Assistant
Secretaries John M. Benzian
Mary Morse
James Grady

DIRECTORS

Kathleen W. Hyle
Howard D. Schwartz
Michael S. Karsner