

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000004210**1. Entity Name
NCRS INSURANCE AGENCY, INC.Principal Place of Business
200 S ANDREWS AV
FORT LAUDERDALE FL 33301
Mailing Address
200 S ANDREWS AV
FORT LAUDERDALE FL 333012. Principal Place of Business
200 S ANDREWS AVE., 11TH FLOOR
3. Mailing Address
200 S ANDREWS AVE, 11TH FLOOR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL
City & State
FORT LAUDERDALE FL4. FEI Number
41-1925330
Applied For
Not ApplicableZip Country
33301
Zip Country
333015. 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**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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 _____ **01/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 D ☐ Delete
NAME COLE JAMES O
STREET ADDRESS 110 S.E. 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301TITLE V ☒ Change ☐ Addition
NAME BAXLEY WILLIAM
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301TITLE AS ☐ Delete
NAME MORSE MARY
STREET ADDRESS 7700 FRANCE AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55435TITLE V ☒ Change ☐ Addition
NAME LIEBERMAN SCOTT D
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE S ☐ Delete
NAME BENZIAN JOHN M
STREET ADDRESS 7700 FRANCE AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55435TITLE V ☒ Change ☐ Addition
NAME SOLETA LARRY
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE TDAS ☐ Delete
NAME MARTIN JOSEPH L
STREET ADDRESS 7700 FRANCE AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55435TITLE DS ☒ Change ☐ Addition
NAME SCHWARTZ HOWARD D
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE V ☐ Delete
NAME PEARMAN CARLOS
STREET ADDRESS 7700 FRANCE AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55435TITLE DV ☒ Change ☐ Addition
NAME HYLE KATHLEEN W
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE P ☐ Delete
NAME BRIGGS ROBERT L
STREET ADDRESS 7700 FRANCE AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55435TITLE DP ☒ Change ☐ Addition
NAME WOOD MARY
STREET ADDRESS 200 S. ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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: Howard D. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S 01/31/2001

Date Daytime Phone #

CR2E034 (11/00)

LELAND F. WILSON, T
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301

JAMES GRADY, AS
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301

MARY MORSE, AS
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301