

# 2002 UNIFORM BUSINESS REPORT (UBR)

0630283 AB

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FILED

02 APR 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000006472**

1. Entity Name  
**THE WESTMORELAND AGENCY, INC.**

Principal Place of Business  
**456 NORTH KIMBALL PLACE  
BOISE ID 83704**

Mailing Address  
**456 NORTH KIMBALL PLACE  
BOISE ID 83704**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **54-1858389**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MOHAR, DEREK C          |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |
| TITLE          | S                       | <input type="checkbox"/> Delete            |
| NAME           | SHUTTERLY, MICHAEL T    |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> Delete |
| NAME           | WILSON, JAMES C         |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | CIRILLO, KENNETH L      |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |
| TITLE          | V                       | <input type="checkbox"/> Delete            |
| NAME           | BARUCH, LORI            |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | COOPER, MATTHEW J       |  |
| STREET ADDRESS | 456 NORTH KIMBALL PLACE |  |
| CITY-ST-ZIP    | BOISE ID 83704          |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jory Berson             |  |
| STREET ADDRESS | 15000 Capital One Drive |  |
| CITY-ST-ZIP    | Richmond, VA 23238      |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Catherine West          |  |
| STREET ADDRESS | 11013 West Broad Street |  |
| CITY-ST-ZIP    | Glen Allen, VA 23060    |  |
| TITLE          | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kent Ivanoff            |  |
| STREET ADDRESS | 456 North Kimball Place |  |
| CITY-ST-ZIP    | Boise, ID 83704         |  |
| TITLE          | T                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Craig Getzloff          |  |
| STREET ADDRESS | 456 North Kimball Place |  |
| CITY-ST-ZIP    | Boise, ID 83704         |  |
| TITLE          | VP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Matthew Bohnert         |  |
| STREET ADDRESS | 456 North Kimball Place |  |
| CITY-ST-ZIP    | Boise, ID 83704         |  |
| 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)(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: *[Handwritten signature]* **4/24/02** **(804) 967-8385**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 549462 129801A

AUTHORIZATION :

*Patricia Piguet*

COST LIMIT : \$150.00

ORDER DATE : April 25, 2002

ORDER TIME : 9:45 AM

ORDER NO. : 549462-005

CUSTOMER NO: 129801A

CUSTOMER: Ms. Kathleen Blazek  
Capital One Financial  
8000 Jones Branch Drive  
12061-0350  
Mc Lean, VA 22102

ANNUAL REPORT FILING

NAME: THE WESTMORELAND AGENCY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds Ext. 1133

RECEIVED  
02 APR 29 AM 11:45  
DIVISION OF CORPORATE AFFAIRS  
STATE OF TEXAS  
EXAMINER'S INITIALS: