2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000745 1. Entity Name

NATIONWIDE INSURANCE INDEPENDENT CONTRACTORS ASS OCIATION, INC.

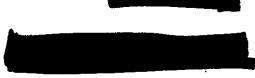
Principal Place of Business

Mailing Address

5329 W. ATLANTIC AVE., SUITE 203-A DELRAY BCH FL 33484

5329 W. ATLANTIC AVE., SUITE 203-A DELRAY BCH FL 33484

1 -	3. Mailing Address	



FILED

Sep 11, 2002 8:00 am Secretary of State

08-26-2002 90052 036 ***150.00

2. Principal Place of Business
5329 W. ARRWTIC AVE Same Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203A Received 8/1-100 City & State City & State Applied For DEIRM BEACH Not Applicable Country BEACH ²³3484 \$8.75 Additional Fee Required Country 33484 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name TIMES R-G-1880NS Street Address (P.O. Box Number is Not Acceptable) RANDALL, CHARLES P ~150 E. PALMETTO PARK RD., SUITE 500 W. ATCANTIC AVE **BOCA RATON FL 33486** 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	JAMES R GIBBONS PRES Delete 5329 W. ATCANTTC AVE SUIR 234	TITLE Name	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	DELRMY BENEH FL 33484	STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-SI-SIP	SHARON (ASERCA SOLFRONS Delete 5349 W. ARANTIC HE SUITE DOSA DELRAY BOACH FC 3484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Charge ☐ Addilion
NAME STREET ADDRESS CITY-ST-ZIP	GARY COOK VICE PRES - Delete	TITLE NAME- — STREET ADDRESS . CITY-\$T-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Changa ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-SY-7IP	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1 BBONS