

8/26

2002-UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

08-26-2002 90052 036 ***150.00

DOCUMENT # N01000000745

1. Entity Name

NATIONWIDE INSURANCE INDEPENDENT CONTRACTORS ASSOCIATION, 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

2. Principal Place of Business

5329 W. ATLANTIC AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

203A

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLA

City & State

4. FEI Number

04-3709040

Applied For

Not Applicable

Zip

33484

Country

FLA

Zip

33484

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RANDALL, CHARLES P

150 E. PALMETTO PARK RD., SUITE 500
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name JAMES R GIBBONS

Street Address (P.O. Box Number is Not Acceptable)

5329 W. ATLANTIC AVE SUITE 203A

City DELRAY BEACH

FL

Zip Code 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE JAMES R GIBBONS PRES ☐ Delete
 NAME 5329 W. ATLANTIC AVE SUITE 203A
 STREET ADDRESS DELRAY BEACH FL 33484
 CITY-ST-ZIP

TITLE SHARON CASALA SECRETARY ☐ Delete
 NAME 5329 W. ATLANTIC AVE SUITE 203A
 STREET ADDRESS DELRAY BEACH FL 33484
 CITY-ST-ZIP

TITLE GARY COOK VICE PRES ☐ Delete
 NAME 6383 10TH AVE. NO. SUITE F
 STREET ADDRESS LAKE WORTH, FL 33463
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R GIBBONS 8/21/02 (561) 496 0242

Date

Daytime Phone #

CR2E037 (4/02)