

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90131 002 ****61.25

DOCUMENT # NO1000000745

1. Entity Name

NATIONWIDE INSURANCE INDEPENDENT CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3709040**

Applied For

Not Applicable

5. 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

**GIBBONS, JAMES R
5329 W ATLANTIC AVE SUITE 203A
DELRAY BEACH FL 33484**

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

SIGNATURE **JAMES R GIBBONS**

4/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBONS, JAMES R	
STREET ADDRESS	5329 W ATLANTIC AVE SUITE 203A	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASELLA, SHARON	
STREET ADDRESS	5929 W ATLANTIC AVE, SUITE 203A	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	COOK, GARY	
STREET ADDRESS	6383 10TH AVE NO. SUITE F	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: **JAMES R GIBBONS**

4/7/03 (561) 496-0242

CR2E037 (10/02)