

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000030828

1. Entity Name

INSURANCE ADMINISTRATORS GROUP, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90064 020 \*\*\*150.00

Principal Place of Business

Mailing Address

7801 FOLSOM BLVD.  
SUITE 103  
SACRAMENTO CA 958267801 FOLSOM BLVD.  
SUITE 103  
SACRAMENTO CA 95826

2. Principal Place of Business

3. Mailing Address

5280 WEST HARBOR VILLAGE  
DRIVE

P.O. Box 4369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #201

City & State  
VERO BEACH, FLCity & State  
VERO BEACH, FLZip  
32967Country  
USAZip  
32964Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, LINDSEY MR  
1925 6TH STREET SOUTH  
NAPLES FL 34102

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
GADDY, GORDON  
1925 6TH STREET SOUTH  
NAPLES FL 34102 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(C) CHAIRMAN AND CEO  
GADDY, GORDON  
5280 WEST HARBOR VILLAGE DR, #  
UNIT 201  
VERO BEACH, FL 32967 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
THOMAS, LINDSEY  
1925 6TH STREET SOUTH  
NAPLES FL 34102 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HAY, DUNCAN R  
7801 FOLSOM BLVD., SUITE 103  
SACRAMENTO CA 95826 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 2001 561-778-3227  
Date Daytime Phone #

CR2E034 (10/00)