

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90048 026 \*\*\*150.00

U B R I U



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000044508**

1. Entity Name  
**STRICKLAND INSURANCE BROKERS - FLORIDA, INC.**

Principal Place of Business C/O WILLIAM SCHUELKE 3355 CLAIRE LANE #1610 JACKSONVILLE FL 32223	Mailing Address P O DRAWER 2027 GOLDSBORO NC 27533-2027 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-3391851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6: Name and Address of Current Registered Agent**

**SCHUELKE, WILLIAM**  
**3355 CLAIRE LANE, #1610**  
**JACKSONVILLE FL 32223**

**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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POULIOT, JAMES R 9800 S MERIDIAN BLVD ENGLEWOOD CO 80112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, JUDY S 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NYMAN, CRAIG A 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PAUTLER, MICHAEL L 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SVP Wheeler, Joyce W. 9300 Arrowpoint Boulevard Charlotte, NC 28273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T Gowen, Lawrence W. 9300 Arrowpoint Boulevard Charlotte, NC 28273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Joyce W. Wheeler **Joyce W. Wheeler** Senior Vice President Date: **2/29/2000** Daytime Phone #: **704/522-2000**

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**STRICKLAND INSURANCE BROKERS OF FLORIDA, INC.  
DOCUMENT NUMBER: P96000044508**

**ADDITIONAL OFFICERS AND DIRECTORS**

**D**

**Terry Broderick  
9300 Arrowpoint Boulevard  
Charlotte, NC 28273**

**D,SVP,CFO**

**Joseph F. Fisher  
9300 Arrowpoint Boulevard  
Charlotte, NC 28273**

**SVP,CInvO**

**Ernest C. Frohboese  
9300 Arrowpoint Boulevard  
Charlotte, NC 28273**

**SVP**

**Gregory J. Madson  
1224 Deming Way  
Madison, WI 53717**

**SVP**

**Andrea L. Peck  
9800 South Meridian Parkway  
Englewood, CO 80112**

**SVP**

**Robert D. Wilkes  
9800 South Meridian Parkway  
Englewood, CO 80112**

**VP**

**Gary Buhmeyer  
1224 Deming Way  
Madison, WI 53717**

**VP**

**John A. Erickson  
9800 South Meridian Parkway  
Englewood, CO 80112**

**VP**

**Stephen J. Frisina  
30 Corporate Park, Suite 207  
Irvine, CA 92606**

**VP**

**Marvin Quinn  
1107 Parkway Drive  
Goldsboro, NC 27533**

**VP**

**William Schuelke  
1107 Parkway Drive  
Goldsboro, NC 27533**

**VP,Cont**

**Peter M. Vinci  
9 Farm Springs Road  
Farmington, CT 06032**

**Ass't T**

**Shelly J. Hengsteler  
9800 South Meridian Parkway  
Englewood, CO 80112**

**S**

**Judy S. Spitzer  
9 Farm Springs Road  
Farmington, CT 06032**