

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48131

1. Entity Name

INSURANCE RESOURCE ALLIANCE, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90060 013 \*\*\*150.00

0015920

Principal Place of Business

4190 BELFORT ROAD  
450  
JACKSONVILLE FL 32216  
US

Mailing Address

4190 BELFORT ROAD  
450  
JACKSONVILLE FL 32216  
US

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 59-3061520

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BINCAZK, RODNEY W.  
5015 ORTEGA FARMS BLVD  
JACKSONVILLE FL 32210

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

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

TITLE P  
NAME BINCAZK, RODNEY W.  
STREET ADDRESS 5015 ORTEGA FARMS BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE VPO  
NAME COLE, JOHN  
STREET ADDRESS 12905 JUPITER HILLS CIR  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE VPAP  
NAME PARROTT, WILLIAM  
STREET ADDRESS 2419 PINERIDGE RD  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VPP  
NAME BECK, WILLIAM B  
STREET ADDRESS 12436 TEAL RUN  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE CS  
NAME NOLAN, SHERRY  
STREET ADDRESS 174 PLANKTON AVE  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE T  
NAME BINCAZK, SALLY  
STREET ADDRESS 8340 CHASON RD W  
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Assistant VP of Marketing  
NAME Christopher Harclerode  
STREET ADDRESS 879 Garrison Drive  
CITY-ST-ZIP St. Augustine, FL 32092 ☐ Change ☒ Addition

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

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

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

TITLE Corporate Secretary  
NAME Sherry Kirksey  
STREET ADDRESS 174 Plankton Avenue  
CITY-ST-ZIP Middleburg, FL 32068 ☒ Change ☐ Addition

TITLE  
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:

*Sherry Kirksey* - Sherry Kirksey 2-9-01 904.296.4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)