

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

02 APR 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000006472**

1. Entity Name  
**THE WESTMORELAND AGENCY, INC.**

Principal Place of Business <b>456 NORTH KIMBALL PLACE BOISE ID 83704</b>	Mailing Address <b>456 NORTH KIMBALL PLACE BOISE ID 83704</b>
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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 <b>54-1858389</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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)

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOHAR, DEREK C</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHUTTERLY, MICHAEL T</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILSON, JAMES C</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CIRILLO, KENNETH L</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARUCH, LORI</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, MATTHEW J</b> <b>456 NORTH KIMBALL PLACE</b> <b>BOISE ID 83704</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jory Berson</b> <b>15000 Capital One Drive</b> <b>Richmond, VA 23238</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Catherine West</b> <b>11013 West Broad Street</b> <b>Glen Allen, VA 23060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kent Ivanoff</b> <b>456 North Kimball Place</b> <b>Boise, ID 83704</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Craig Getzloff</b> <b>456 North Kimball Place</b> <b>Boise, ID 83704</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Matthew Bohnert</b> <b>456 North Kimball Place</b> <b>Boise, ID 83704</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900005368609--4</b>

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: Lori Baruch 4/24/02 (804) 967-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032

REFERENCE : 549462 129801A

AUTHORIZATION : *Patricia Pijets*

COST LIMIT : \$150.00

ORDER DATE : April 25, 2002

ORDER TIME : 9:45 AM

ORDER NO. : 549462-005

CUSTOMER NO: 129801A

CUSTOMER: Ms. Kathleen Blazek  
Capital One Financial  
8000 Jones Branch Drive  
12061-0350  
Mc Lean, VA 22102

ANNUAL REPORT FILING

NAME: THE WESTMORELAND AGENCY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds, Ext. 1133

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE AFFAIRS  
STATE EXAMINER'S INITIALS: \_\_\_\_\_

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02 APR 29 AM 11:45