

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90185 019 ****61.25

DOCUMENT # N94000001145

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASS

Principal Place of Business

Mailing Address

C/O USAA CLAIMS SECURITY UNIT
 17200 COMMERCE PARK BLVD.
 TAMPA FL 33647-2600

C/O USAA CLAIMS SECURITY UNIT
 P.O. BOX 20486
 TAMPA FL 33622-0486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNETTE, GUY E JR
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 1100
TAMPA FL 33607-1458

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINNEGAR, GEORGE	
STREET ADDRESS	10420 U.S. HWY. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, DEBORAH J	
STREET ADDRESS	2901 W. BUSCH BLVD., STE. 403	
CITY-ST-ZIP	TAMPA FL 33618-4519	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIDNER, JERRY	
STREET ADDRESS	3725 W. GRACE ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN, BILL	
STREET ADDRESS	11081 U.S. HWY 19 N., STE. 206	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWANN, RICHARD	
STREET ADDRESS	P.O. BOX 20486	
CITY-ST-ZIP	TAMPA FL 33622-0486	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATTHEWS, MARK	
STREET ADDRESS	P.O. BOX 42015	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON TUCKER	
STREET ADDRESS	PO BOX 20486	
CITY-ST-ZIP	TAMPA FL 33622	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS TEA	
STREET ADDRESS	P.O. BOX 5495	
CITY-ST-ZIP	SUN CITY CENTER FL 33571	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA WEBB	
STREET ADDRESS	100 N. TAMPA ST STE 2550	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT PECORORA	
STREET ADDRESS	5601 MARINER ST STE 400	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01 (727) 573-4717

CP2E037 (10/00)