

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90011 025 \*\*\*150.00

**DOCUMENT # P97000011354**

1. Entity Name  
**ASSOCIATION INSURANCE CONSULTANTS, INC.**

Principal Place of Business

1918 W CASS ST  
 TAMPA FL 33606

Mailing Address

2626 WATROUS AVE  
 TAMPA FL 33624

2. Principal Place of Business

4019 W. INMAN AVE.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 18252  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number **59-3432285**

Applied For

Not Applicable

Zip

33609

Country

FLORIDA

Zip

33679

Country

FLORIDA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, WILLIAM H  
 2626 WATROUS AVE  
 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name: **SAME**  
 Street Address (P.O. Box Number is Not Acceptable):  
**4019 W. INMAN AVE**  
 City: **TAMPA, FL** Zip Code: **33609**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	DEAN, WILLIAM H	2626 WATROUS AVE	TAMPA FL 33624	<input type="checkbox"/>
D	DEAN, BEVERLY B	2626 WATROUS AVE	TAMPA FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
(SAME)	DEAN, WILLIAM H	4019 W. INMAN AVE	TAMPA, FL 33609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DEAN, BEVERLY	4019 W. INMAN AVE	TAMPA, FL 33609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*William H. Dean* **WILLIAM H. DEAN**

4/26/01

813-286-8594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)