

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0031173

**DOCUMENT # N43893**

1. Entity Name

**SAWGRASS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.**

04-01-2002 90059 017 \*\*\*\*61.25

Principal Place of Business

9715 W. BROWARD BLVD.  
 STE 126  
 PLANTATION FL 33324  
 US

Mailing Address

9715 W. BROWARD BLVD.  
 STE 126  
 PLANTATION FL 33324  
 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 **65-0192502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, MYRNA**  
**9715 W. BROWARD BLVD.**  
**STE 126**  
**PLANTATION FL 33324**

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	Delete
NAME	LANZA, ETTORE	
STREET ADDRESS	4974 NW 106TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREILICH, JANE	
STREET ADDRESS	1170 NW 101ST AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAFT, GARY S.	
STREET ADDRESS	5315 N.W. 108TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FALCON, MICHAEL	
STREET ADDRESS	12100 QUILTING	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BODNAR, DORIS	
STREET ADDRESS	6040 NW 65TH TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JANKELUNAS, DAN	
STREET ADDRESS	11088 NW 15TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIRMANI, DEAN	
STREET ADDRESS	362 LAKE CREST CT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISULA, JOHN	
STREET ADDRESS	2933 SW 136 AVE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODNAR, DORIS	
STREET ADDRESS	6040 NW 65 TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKELUNAS, DAN	
STREET ADDRESS	11088 NW 15TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

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 REQUIRED**

3/1/2002

954-345-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)