

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G13558

**Entity Name:** JIM MORAN & ASSOCIATES, INC.

**Current Principal Place of Business:**

500 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

500 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-2237692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED AGENT GROUP INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CHAIT, DANIEL M.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, GENERAL COUNSEL AND SECRETARY  
Name GUTTUSO, MARIA K  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, CORPORATE TAXES  
Name MAGNER, KIMBERLY M.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER  
Name GEBHARD, ERIC M.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT TREASURER  
Name ARGERSINGER, H. SCOTT  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT TREASURER  
Name BROWDY, ALAN J.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT TREASURER  
Name ROMANO, BRYAN  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT TREASURER  
Name VIRTUE, RONALD J.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA K GUTTUSO

**SECRETARY, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name SHEPTAK, PETER J.  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT SECRETARY  
Name WILLIAMS, CAREN SNEAD  
Address 500 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442