# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 31, 2001 8:00 am**
**Secretary of State**
08-16-2001 90001 029 ****70.00

DOCUMENT # 725373

1. Entity Name

TALLAHASSEE ASSOCIATION OF LIFE UNDERWRITERS, IN

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 14035<br>TALL FL 32317<br>US | PO BOX 14035<br>TALL FL 32317<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-1783327 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LIZ LAFFITTE<br>3496 ROSEMONT RIDGE<br>TALLAHASSEE FL 32312 | Name Bonnie Cook<br>Street Address (P.O. Box Number is Not Acceptable)<br>1667 Goodwood Dr.<br>City TALLAHASSEE FL Zip Code 32308 |

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 Bonnie Cook Association Executive 8-11-01
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<br>After September 12, 2001, min. will be $236.25 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KOBURGER, JAMES C<br>3134 BRANDYWINE DR<br>TALLAHASSEE FL 32312 | ☐ Delete<br>Treasurer | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | David Keith<br>1660-7 N. Monroe St. President<br>Talla., FL. 32303 elect D<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHENEY, JOHN<br>1350 E. TENNESSEE STREET<br>TALLAHASSEE FL 32308 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Edmond Bradberry<br>2908 Northmont Dr.<br>Talla., FL 32303<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARKS, GAYLA<br>2531 SOUTH ADAMS STREET<br>TALLAHASSEE FL 32308 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLSON, W.M. 'MACK'<br>3840 N. MONROE ST. -STE 103<br>TALLAHASSEE FL 32303 | ☐ Delete<br>President | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FRANK, JAMES<br>1535-AS KILLEARN CENTER BLVD<br>TALLAHASSEE FL 32308 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MUSGROVE, SALLY E<br>2910 KERRY FOREST PKWY -STE D2<br>TALLAHASSEE FL 32308 | ☐ Delete<br>Immediate Past President | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (5/01)

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 8-13-01 (850)584-778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #