

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90076 032 \*\*\*\*70.00

**DOCUMENT # 725373**

1. Entity Name

**TALLAHASSEE ASSOCIATION OF LIFE UNDERWRITERS, IN C.**



Principal Place of Business

PO BOX 14035  
TALL FL 32317  
US

Mailing Address

PO BOX 14035  
TALL FL 32317  
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 **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

**COOK, BONNIE**  
**1667 GOODWOOD DR**  
**TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bonnie Cook*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-2-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **KOBURGER, JAMES C**  
STREET ADDRESS **3134 BRANDYWINE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☒ Addition  
NAME **Wynn Smith**  
STREET ADDRESS **2927 Halberstam Dr.**  
CITY-ST-ZIP **Talla. Fl. 32309**

TITLE ☐ Delete  
NAME **KEITH, DAVID**  
STREET ADDRESS **1680-7 N MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME **David Keith**  
STREET ADDRESS **1680-7 N. Monroe**  
CITY-ST-ZIP **Tallah. Fl. 32303**

TITLE ☐ Delete  
NAME **BRADBERRY, EDMOND**  
STREET ADDRESS **2908 NORTHMONT DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☒ Addition  
NAME **Doel Kikta**  
STREET ADDRESS **3840 N. Monroe**  
CITY-ST-ZIP **Tallah. Fl. 32303**

TITLE ☐ Delete  
NAME **COLSON, W.M. 'MACK'**  
STREET ADDRESS **3840 N. MONROE ST. STE 103**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☒ Addition  
NAME **Gayla Parks**  
STREET ADDRESS **277 Cap. Cir. SW #11**  
CITY-ST-ZIP **Tallah. Fl. 32305**

TITLE ☒ Delete  
NAME **MUSGROVE, SALLY E**  
STREET ADDRESS **2810 KERRY FOREST PKWY STE D2**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Bonnie Cook* **RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-03**

Date

Daytime Phone #

CR2E037 (10/02)