

DOCUMENT # 726214

1. Entity Name

JACKSONVILLE ASSOCIATION OF LIFE UNDERWRITERS, I

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90048 021 ****61.25

Principal Place of Business

Mailing Address

1914 BEACHWAY RD., STE. 1-G
JACKSONVILLE FL 322071914 BEACHWAY RD., STE. 1-G
JACKSONVILLE FL 32224-1100

2. Principal Place of Business

3. Mailing Address

2495 Castaway Dr

PO Box 550780

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32224

City & State

Jacksonville, FL

4. FEI Number

59-1890671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIRK, JAN N
 1914 BEACHWAY RD., SUITE 1-G
 JACKSONVILLE FL 32207-9352

Name Jan Kirk

Street Address (P.O. Box Number is Not Acceptable)
2495 Castaway Dr.

City Jacksonville, FL

FL

Zip Code 32224

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 P ☒ Delete
 NAME STEINMETZ, KARLA
 STREET ADDRESS 6803 GOLFVIEW STREET
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE P ☐ Change ☒ Addition
 NAME Fisher, Leigh
 STREET ADDRESS 8130 Baymeadow Way wtc 10
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE V ☐ Delete
 NAME WEBSTER, GARY L
 STREET ADDRESS 3890 FAIRBANKS FORREST DR
 CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete
 NAME BARRETT, CHERRI
 STREET ADDRESS 12020 WINSTEAD RD
 CITY-ST-ZIP JACKSONVILLE FL 32220

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

TITLE ST ☐ Delete
 NAME HALLORAN, MICHAEL
 STREET ADDRESS 111 RIVERSIDE AVE, #210
 CITY-ST-ZIP JACKSONVILLE FL 32202-4928

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

TITLE D ☒ Delete
 NAME BREWSTER, JAMES E.
 STREET ADDRESS 3535 ST JOHNS BLUFF ROAD S
 CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Change ☒ Addition
 NAME Hatcher, Marcus
 STREET ADDRESS 12408 Fairfield Blvd N.
 CITY-ST-ZIP Jacksonville FL 32225

TITLE D ☐ Delete
 NAME BURKETT, JAMES L
 STREET ADDRESS 6320-11A ST AUGUSTINE RD
 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ST ☒ 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: JAMES L BURKETT 4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)