

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90125 025 ****61.25

DOCUMENT # 726214

1. Entity Name

JACKSONVILLE ASSOCIATION OF LIFE UNDERWRITERS, I

Principal Place of Business

**2495 CASTAWAY DRIVE
 JACKSONVILLE FL 32224**

Mailing Address

**P.O. BOX 550780
 JACKSONVILLE FL 32225**

2. Principal Place of Business

2629 Stonegate Drive
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 56857
 Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1890671

Applied For

Not Applicable

Zip

32223

Country

Duval

Zip

32241-6857

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIRK, JAN N
 2495 CASTAWAY DRIVE
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

Barbara A. Stanett

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

2629 Stonegate Drive

City

Jacksonville

FL

Zip Code

32223

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.

Barbara A. Stanett, Assoc. Exec.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-01

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, LEIGH	
STREET ADDRESS	8130 BAY MEADOWS WEST SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBSTER, GARY L	
STREET ADDRESS	3890 FAIRBANKS FORREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, CHERRI	
STREET ADDRESS	12020 WINSTEAD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALLORAN, MICHAEL	
STREET ADDRESS	111 RIVERSIDE AVE, #210	
CITY-ST-ZIP	JACKSONVILLE FL 32202-4928	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCHER, MARCUS	
STREET ADDRESS	12808 MUIRFIELD BLVD. NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURKETT, JAMES L	
STREET ADDRESS	6320-11A ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANKIN, EMMETT	
STREET ADDRESS	4435 WINDERGATE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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		<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		

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:

MARCUS HATCHER

6/1/01

904-363-9880

CR2E037 (10/00)