

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726303**

1. Entity Name

THE SOUTHWEST FLORIDA ASSOCIATION OF LIFE UNDERW**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90143 018 ****61.25

Principal Place of Business

Mailing Address

P O BOX 1543
FT. MYERS FL 33902P O BOX 1543
FT. MYERS FL 33902-1543

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

23-7317697

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BASIK, JEFFREY P**
14021 METROPOLIS
FT. MYERS FL 33912**7. Name and Address of New Registered Agent**

Name

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

7870 Eagles Flight Lane

City

FT MYERS**FL**

Zip Code

33912

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:
FEF IS \$61.259. 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	BLACK, GLENN	
STREET ADDRESS	8191 COLLEGE PKWY #206	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAHL, MICHAEL	
STREET ADDRESS	8695 COLLEGE PKWY #205	
CITY-ST-ZIP	FT MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASIK, JEFFERY	
STREET ADDRESS	794 BROAD AVE. S.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOBLE, MICHELLE	
STREET ADDRESS	P.O. BOX 1543 N/A	
CITY-ST-ZIP	FT. MYERS FL 33902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Koch	
STREET ADDRESS	2614 Tamiami Trail #611	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert McDuffie Jr	
STREET ADDRESS	P.O. Box 27174	
CITY-ST-ZIP	EL JOBEAN FL 33927	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 9412674222