

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90170 014 ****61.25

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

DOCUMENT # F99000003539

1. Entity Name
**INTERNATIONAL ASSOCIATION OF INSURANCE
RECEIVERS, INC.**



Principal Place of Business
**174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714**

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

51-0335737

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

**KEYES, PAULA
174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714**

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 Paula Keyes
Signature, typed or printed name of registered agent and title if applicable.

Executive Director
(NOTE: Registered Agent signature required when resigning)

5/1/03
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 **P**
STREET ADDRESS **LOVETTE, ELIZABETH**
CITY-STATE-ZIP **311 W WASHINGTON STREET
INDIANAPOLIS, IN 46204**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Greer, Robert**
CITY-STATE-ZIP **P.O. Box 4338
clarksburg, W. Virginia 26301**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GETTY, PATRICIA**
CITY-STATE-ZIP **360 OAK TERRACE
ALPHARETTA, GA 30004**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GREER, ROBERT**
CITY-STATE-ZIP **PO BOX 4338
CLARKSBURG, WV 26301**

TITLE ☒ Change ☐ Addition
NAME **O**
STREET ADDRESS **orth, Daniel**
CITY-STATE-ZIP **8420 W. Gryn mawr Ave., Ste. 550
Chicago, IL 60631-3404**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **FEMAL, MARK**
CITY-STATE-ZIP **2445 DARWIN ROAD STE 101
MADISON, WI 53704**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Devito, Joseph**
CITY-STATE-ZIP **7000 Boulevard East
Guttenberg, NJ 07093**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GORDON, JAMES A**
CITY-STATE-ZIP **821 NORTH CHARLES STREET
BALTIMORE, MD 21201**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUTFREUND, I GEORGE**
CITY-STATE-ZIP **PO BOX 31
TORONTO ONTARIO CANADA, M5L 1B2**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Paula Keyes Paula Keyes 5/1/03 407-680-4513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)