


FILED
Feb 18, 2003 8:00 am
Secretary of State

01-17-2003 90091 016 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J76170
 1. Entity Name
 Fanning/Howey Associates of Florida, Inc.



00000011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 222 Lakeview Avenue
 Suite, Apt. #, etc.
 Suite 148

3. Mailing Address
 1200 Irscher Blvd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 West Palm Beach, Florida

City & State
 Celina, Ohio

4. FEI Number
 34-1557301

Applied For
 Not Applicable

Zip
 33401

Country
 US

Zip
 45822

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 City
 Tallahassee FL Zip Code
 32301

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 *Laura R. Dunlap* Laura R. Dunlap as its agent 2/14/03
(Signature of officer or director of registered agent and, if applicable, (NOTE: Registered Agent signature required when not filing) DATE

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$650.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roger Bolling 222 Lakeview Avenue, Suite 148 West Palm Beach FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Randall Sprunger 1200 Irscher Blvd Celina OH 45822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Terrance Liette 540 E Market Street Celina OH 45822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel Mader 9025 N River Rd, Suite 200 Indianapolis IN 46240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 19.07(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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without other like employment.

SIGNATURE: *Randall Sprunger* 2/14/03 419 586 2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)