

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000003035****1. Entity Name**

FLORIDA ASSOCIATION OF INSURANCE REPRESENTATIVES, INC.

**Principal Place of Business**

6271 DUPONT STATION CT

JACKSONVILLE  
32217

FL

**Mailing Address**

6271 DUPONT STATION CT

JACKSONVILLE  
32217

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

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**GARDNER WILLIAM  
6271 DUPONT STATION CTJACKSONVILLE  
32217

US

FL

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.

SIGNATURE **WM E J GARDNER****03/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GOLDFIELD IRA	6271 DUPONT STATION CT	JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KOURY GEROGE	6271 DUPONT STATION CT	JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	GARDNER WILLIAM	6271 DUPONT STATION CT	JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wm E J Gardner**

D

**03/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)