

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90015 007 ****61.25

DOCUMENT # N04604

1. Entity Name

NORTH SUNCOAST ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS INC.

Principal Place of Business

**2509 CHEVAL DR
HOLIDAY FL 34690-867
US**

Mailing Address

**P.O. BOX 894
NEW PORT RICHEY FL 34656-0894
US**

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

59-2468436

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

**MAY, MICHAEL V
2509 CHEVAL DR
HOLIDAY FL 34690**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

**D
PETERS, JAMES M
11836 LITTLE RD.
NEW PORT RICHEY FL 34654**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**D
BAKER, PETE C
802 W. WATERS AVE.
TAMPA FL 33604**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**D
WOOD, PHILLIP
P.O. BOX 1749
NEW PORT RICHEY FL 34656**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**TD
KEEGAN, JAMES W
4632 GLISSADE DR.
NEW PORT RICHEY FL 34652**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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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 #

2/20/02

727-815-9391

CR2E037 (9/01)