# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40911

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITE

**FILED**
**Feb 20, 2000 8:00 am**
**Secretary of State**
02-20-2000 90053 018 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 160790<br>ALTAMONTE SPRINGS FL 32716-0790 | P.O. BOX 160790<br>ALTAMONTE SPRINGS FL 32716-0790 |

DO NOT WRITE IN THIS SPACE

| 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 59-3041592 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMICHARELLI, DEBRA L
FLORIDA BENEFITS, INC.
ONE PURLIEU PL, STE 240
WINTER PARK FL 32792

**7. Name and Address of New Registered Agent**

Name DENNIS M. DUFFY
Street Address (P.O. Box Number is Not Acceptable) 1801 LEE ROAD
SUITE 304
City WINTER PARK FL Zip Code 32789

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 Dennis M. Duffy TREASURER 2/14/00
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 / STREET ADDRESS / CITY-ST-ZIP | PD<br>BILLSBROUGH, DAVID<br>1121 EDENWATER DR.<br>ORLANDO FL 32804 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DENNIS M. DUFFY<br>1801 LEE ROAD, SUITE 304<br>WINTER PARK, FL 32789 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>AMICHARELLI, DEBRA<br>7457 ALOMA AVE. STE. 303<br>WINTER PARK FL 32792 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JIM CRUMLY<br>3452 LAKE LYNDA DR., STE 365<br>ORLANDO, FL 32817-1417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BLANK, LYNN<br>1040 WOODCOCK RD. STE. 260<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DAVID M. SHERRILL<br>427 Whooping Loop, STE 1841<br>Altamonte Springs, FL 32701 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BURNS, TANYA<br>2519 E. SOUTH ST. #103<br>ORLANO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Dennis M. Duffy DENNIS M. DUFFY, TREASURER 2/14/00 407-644-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #