2001 UNIFORM BUSINESS REPORT (UBR

FILED
Jul 25, 2001 8:00 am
Secretary of State
07-25-2001 90009 016 ****61.25

0003286

DOCUMENT # N40911

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITE

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

00000351

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	7. Name and Address of New Registered Agent
DUFFY, DENNIS M 1801 LEE RD SUITE 304 WINTER PARK FL 32789	Name: BARBARA M. ELVEY Street Address (P.O. Box Number is Not Acceptable): 2700 WESTHALL LANE, STE. 235 City: MAITLAND FL Zip Code: 32751

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 Barbara M. Elvey, Treasurer 7-18-01
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
After September 12, 2001, min. will be $236.25

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	T DUFFY, DENNIS M 1801 LEE ROAD, SUITE 304 WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARBARA M. ELVEY 2700 WESTHALL LANE, STE. 235 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRUMLY, JIM 3452 LAKE LYNA, STE 365 ORLANDO FL 32817-1417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVID M. SHERRILL 427 CENTERPOINT CR., STE. 1841 ALTAMONTE SPRINGS, FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLANK, LYNN 1040 WOODCOCK RD. STE. 260 ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ELECT DALE MALONEY 1434 FAIRBANKS AV. WINTER PARK, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURNS, TANYA 2519 E. SOUTH ST. #103 ORLANO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VP DANIEL L. YOUNT 7680 UNIVERSAL BLVD., #460 ORLANDO, FL 32819-8970	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHERRILL, DAVID M 427 WHOOPING LOOP, STE 1841 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LYNN BLANK 1040 WOODCOCK RD., STE. 260 ORLANDO, FL 32803	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Barbara M. Elvey 7-18-01 800-342-2007 x11