# 2002 UNIFORM BUSINESS REPORT (UBR)

3/18

**FILED**
**Apr 21, 2002 8:00 am**
**Secretary of State**
03-18-2002 90192 002 ****61.25

DOCUMENT # N40911

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

| 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 | 7. Name and Address of New Registered Agent |
|---|---|
| ELVEY, BARBARA M<br>~~2700 WESTHALL LANE~~<br>~~SUITE 235~~<br>MAITLAND FL 32751 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>555 WINDERLEY PLACE, SUITE 100<br>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 DATE: 3-5-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | T<br>ELVEY, BARBARA M<br>2700 WESTHALL LANE, STE 235<br>MAITLAND FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHERRILL, DAVID M<br>427 CENTERPOINT CR., STE 1841<br>ALTAMONTE SPRINGS FL 32701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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 | ☐ 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 | VP<br>SHERRILL, DAVID M<br>427 WHOOPING LOOP, STE 1841<br>ALTAMONTE SPRINGS FL 32701 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT ELECT<br>DALE MALONEY<br>1434 FAIRBANKS AVENUE<br>WINTER PARK, FL 32789<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CRUMLY, JIM<br>3452 LAKE LYNA, STE 365<br>ORLANDO FL 32817-1417 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1ST VICE PRESIDENT<br>DANIEL L. YOUNT<br>7680 UNIVERSAL BLVD., STE.460<br>ORLANDO, FL 32819-8970<br>☒ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED 3-5-02 4016707121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA M. ELVEY