2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90325 016 ****61.25

DOCUMENT # N40911

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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 555 WINDERLEY PLACE SUITE 100 MAITLAND FL 32751	Name PALLONE, BETHEA A Street Address (P.O. Box Number is Not Acceptable) 1560 ORANGE AVE SUITE 750 City ~~ORLANDO~~ WINTER PARK FL Zip Code ~~32812~~ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beth A [illegible] 04/24/2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELVEY, BARBARA M 2700 WESTHALL LANE, STE 235 MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PALLONE, BETHEA A 1560 ORANGE AVE STE 750 WINTER PARK FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHERRILL, DAVID M 427 CENTERPOINT CR., STE 1841 ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MALONEY, DALE 1434 FAIRBANKS AVE WINTER PARK FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANK, LYNN 1040 WOODCOCK RD. STE. 260 ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	PRES ELECT JULIANO, LINDA 4324 EDGEWATER DR ORLANDO FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MALONEY, DALE 1434 FAIRBANKS AVENUE WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VP GENTRY, DAVID 102 W PINELOCH AVE STE 23 ORLANDO FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD YOUNT, DANIEL L 7680 UNIVERSAL BLVD SUITE 460 ORLANDO FL 32819-8970	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VP ANDERSON, WILLIAM C. 498 PALM SPRINGS DR, STE 210 ALTAMONTE SPRINGS FL 32701	☒ Change ☒ Addition

CR2E037 (10/02)

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: Beth A [illegible] BETHEA A PALLONE 04/24/2003 407 894-5431