

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41422

1. Entity Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRI

Principal Place of Business

P.O. BOX 263
PENSACOLA FL 32592

Mailing Address

P.O. BOX 263
PENSACOLA FL 32592-0263

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

59-3062989

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

CAIN PATRICIA
1200 MAHOGANY MILL RD
PENSACOLA FL 32507

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	PD	<input type="checkbox"/> Delete
NAME	SEDLACEK, RON	
STREET ADDRESS	4300 BAYOU BLVD #23	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, MIKE	
STREET ADDRESS	7282 PLANTATION ROAD, SUITE 300	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, ED	
STREET ADDRESS	C/O AMS 100 CONCOURSE PKWY #315	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	C	<input type="checkbox"/> Delete
NAME	CAIN, PATSY	
STREET ADDRESS	1200 MAHOGANY MILL ROAD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLETCHER, MARVIN	
STREET ADDRESS	512 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE E. J	
STREET ADDRESS	7734 GRAVES ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crisp, Darlene	
STREET ADDRESS	1333 College Pkwy, Suite 192	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kramer, Pat	
STREET ADDRESS	P. O. Box 355	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krumel, Vivian	
STREET ADDRESS	3298 Summit Blvd, Suite 33	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sedlacek, Ron	
STREET ADDRESS	4300 Bayou Blvd, Suite 23	
CITY-ST-ZIP	Pensacola, FL 32503	

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.

Patricia A. Cain

SIGNATURE:

PATRICIA A. CAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90049 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-26-00 850-458-6008