

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41422

1. Entity Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS INC.

Principal Place of Business

Mailing Address

P.O. BOX 263
PENSACOLA FL 32592

P.O. BOX 263
PENSACOLA FL 32592

2. Principal Place of Business

304 W. Cervantes St
Suite, Apt. #, etc.

3. Mailing Address

304 W. CERVANTES ST
Suite, Apt. #, etc.
PENSACOLA FL

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

ESCAMBIA

6. Name and Address of Current Registered Agent

CAIN-PATRICIA
1200 MAHOGANY MILL RD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: DEBRA KITE
Street Address (P.O. Box Number is Not Acceptable): 304 W. CERVANTES ST
City & State: PENSACOLA FL Zip Code: 32501

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-02
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, PAT	
STREET ADDRESS	1221 WHITEWOOD WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARRAWAY, JAMES	
STREET ADDRESS	512 S PALAFOX, STE 3	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KISSENGER, BECKY	
STREET ADDRESS	4400 BAYOU BLVD STE 14	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	C	<input type="checkbox"/> Delete
NAME	CAIN, PATRICIA A	
STREET ADDRESS	1200 MAHOGANY MILL ROAD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, MARVIN	
STREET ADDRESS	512 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Kite	
STREET ADDRESS	304 W. Cervantes St	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD TORGERSEN	
STREET ADDRESS	400 Gulf Breeze Pkwy Ste 201	
CITY-ST-ZIP	Gulf Breeze FL 32568	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim PARKER	
STREET ADDRESS	2190 Airport Blvd. #3000	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard R. Kite	
STREET ADDRESS	304 W. Cervantes St	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 804346123

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90166 009 ****61.25



DO NOT WRITE IN THIS SPACE