

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0048134

DOCUMENT # N43893

1. Entity Name

SAWGRASS ASSOCIATION OF INSURANCE AND FINANCIAL

03-19-2001 90447 039 ****61.25

Principal Place of Business

Mailing Address

9715 W. BROWARD BLVD.
 STE 126
 PLANTATION FL 33324
 US

9715 W. BROWARD BLVD.
 STE 126
 PLANTATION FL 33324
 US

817562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0192502

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMAS, MYRNA
 9715 W. BROWARD BLVD.
 STE 126
 PLANTATION FL 33324

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 ☐ Delete
 NAME LANZA, ETTORE
 STREET ADDRESS 4974 NW 106TH WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☒ Change ☐ Addition
 NAME LANZA, ETTORE
 STREET ADDRESS 4974 NW 106TH WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ Delete
 NAME FREILICH, JANE
 STREET ADDRESS 1170 NW 101ST AVENUE
 CITY-ST-ZIP PLANTATION FL 33322

TITLE VPD ☐ Change ☒ Addition
 NAME JANKELUNAS, DAN
 STREET ADDRESS 11088 NW 15TH ST
 CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE T ☐ Delete
 NAME HAFT, GARY S.
 STREET ADDRESS 5315 N.W. 108TH WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME FALCON, MICHAEL
 STREET ADDRESS 12100 QUILTING
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME BODNAR, DORIS
 STREET ADDRESS 6040 NW 65TH TERR
 CITY-ST-ZIP PARKLAND FL 33067

TITLE PD ☒ Change ☐ Addition
 NAME BODNAR, DORIS
 STREET ADDRESS 6040 NW 65TH TERR
 CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GARY HAFT-TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)