

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

0010074


APPROVED
AND
FILED

03 NOV -5 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43893

1. Entity Name
SAWGRASS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.



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**

2. Principal Place of Business 3. Mailing Address

998 Bluewood Terr. **998 Bluewood Terr**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Weston, FL **Weston, FL**

Zip Country Zip Country

33327 Broward **33327 Broward**



REINSTATEMENT 2003

BY CHECKS HERE FOR MAKING CHANGES

4. FEI Number **65-0192502** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Andrea Johnston**

Street Address (P.O. Box Number is Not Acceptable) **998 Bluewood Terr.**

City **Weston** State **FL** Zip Code **33327**

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 *Andrea Johnston* DATE **10/13/03--01008--014 **236.25**

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
After September 10, 2003, min will be \$236.25**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANZA, ETTORE	
STREET ADDRESS	4974 NW 106TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FIRMINI, DEAN	
STREET ADDRESS	362 LAKE CREST COURT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAFT, GARY S.	
STREET ADDRESS	5315 N.W. 108TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PISULA, DORIS	
STREET ADDRESS	2933 SW 136TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODNAR, DORIS	
STREET ADDRESS	6040 NW 65TH TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JANKELUNAS, DAN	
STREET ADDRESS	11088 NW 15TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Pisula	
STREET ADDRESS	2933 SW 136 Ave.	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Spingarn	
STREET ADDRESS	3275 W. Hillsboro Blvd #303	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Jacobson	
STREET ADDRESS	1185 NW 46 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Marcus	
STREET ADDRESS	7305 W. Sample Rd #107	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Stevens	
STREET ADDRESS	6989 W. Commercial Blvd	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Holmes	
STREET ADDRESS	4701 N Fed Hwy #360	
CITY-ST-ZIP	Lighthouse Point FL 33064	

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: *John R. Pisula* DATE: **10/2/03** PHONE: **954-888-9078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (4/03)