

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001786

1. Entity Name

WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I

**FILED**  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90126 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 48514  
ST PETERSBURG FL 33743  
US

P O BOX 48514  
ST PETERSBURG FL 33743-8514  
US

00000400



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

59-3184002

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

DILLINGER, JOSH

6200 COURTNEY CAMPBELL CAUSEWAY

#200

TAMPA FL 33607

← Change of  
Address

Name

Street Address (P.O. Box Number is Not Acceptable)

10000 N. Ashley St., Ste 520

City

Tampa

FL

Zip Code

33602

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

*Joshua D. Dillinger*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NOLAN, PETER  
243 ONEILL ISLE VLD N  
ST PETE FL 33704 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
890 Rafael Blvd.  
St. Petersburg, FL 33704 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOWELL, JENNIFER  
2701 ROCKY POINT RD., SUITE 1050  
TAMPA FL 33607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHAE, MIKE  
4600 W. CYPRESS  
TAMPA FL 33607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HEAD, LAURA  
10151 DEERWOOD PARK BLVD. BLDG. 400, #2104  
JACKSONVILLE FL 32256 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DILLINGER, JOSH  
6200 COURTNEY CAMPBELL CAUSEWAY, #200  
TAMPA FL 33607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
10000 N. Ashley St., Ste. 520  
Tampa, FL 33602 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Joshua D. Dillinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

813-221-4048

Date

Daytime Phone #

CR2E037 (9/99)