

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001786

1. Entity Name

WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I

Principal Place of Business

P O BOX 48514  
ST PETERSBURG FL 33743  
US

Mailing Address

P O BOX 48514  
ST PETERSBURG FL 33743  
US

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

59-3184002

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

DILLINGER, JOSH  
1000 N ASHLEY ST STE 520  
TAMPA FL 33607

Name

Dillinger, Josh

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

1102 W. Cass St.

City

Tampa

FL

Zip Code

33606

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

*Josh Dillinger* Josh Dillinger

4-3-01

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 P ☒ Delete  
NAME NOLAN, PETER  
STREET ADDRESS 890 RAFAEL BLVD  
CITY-ST-ZIP ST PETE FL 33704

TITLE President ☐ Change ☒ Addition  
NAME Drew Penoyer  
STREET ADDRESS 28870 US 19 N. Suite 300  
CITY-ST-ZIP Clearwater, FL 33761

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

TITLE Director ☐ Change ☒ Addition  
NAME Rick Soriano  
STREET ADDRESS 512 West Bay Dr.  
CITY-ST-ZIP Largo, FL 33770

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

TITLE Secretary ☐ Change ☒ Addition  
NAME Beau Hunt  
STREET ADDRESS P.O. Box 46438  
CITY-ST-ZIP St. Pete Beach, FL 33741

TITLE T ☐ Delete  
NAME DILLINGER, JOSH  
STREET ADDRESS 1000 N ASHLEY ST STE 520  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Josh Dillinger* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-221-4048, 227



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)