FILED
Feb 25, 2003 8:00 am
Secretary of State
01-13-2003 90451 046 ****61.25

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

1/13

DOCUMENT # N93000002808

1. Entity Name
GAINESVILLE ASSOCIATION OF INSURANCE AND FINANCI AL ADVISORS, INC.

Principal Place of Business	Mailing Address
3620 NW 43RD STREET SUITE A GAINESVILLE FL 32606 US	3620 NW 43RD STREET SUITE A GAINESVILLE FL 32606 US

CHECK HERE IF MAKING CHANGES

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 59-2767926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITED, ROD
3620 NW 43RD STREET
SUITE A
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: DAVID ASHLEY
Street Address (P.O. Box Number is Not Acceptable): 3620-A NW 43 ST
City: GAINESVILLE FL
FL Zip Code: 32606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITED, ROD 3620 NW 43RD STREET GAINESVILLE FL 32606	PRESIDENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: JOHN MORRISON (VICE PRESIDENT) 2950 SW ARCHER RD SUITE D GAINESVILLE, FL 32608 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D ASHLEY, DAVID 3620-A NW 43RD STREET GAINESVILLE FL 32606	~~VICE~~ PRESIDENT ELECT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: HOWARD ROSENBLATT 2830 NW 41ST ST - SUITE J GAINESVILLE, FL 32606 — ☐ Change ☑ Addition (NATIONAL CHAIRPERSON)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD T HARRIS, MARION 6110-D NW 1ST PLACE GAINESVILLE FL 32607	TREASURER ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELGRADE, JOE 3620-A NW 43 ST GAINESVILLE FL 32606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDWELL, BEATRICE 5520 SW 24 TERRACE GAINESVILLE FL 32608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~HOWARD ROSENBLATT~~ 2830 NW 41ST ST - SUITE J GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E037 (10/02)

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~~ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #