

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90063 019 ****61.25

DOCUMENT # N94000004815

1. Entity Name

FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business

400 E HWY 436 STE 208
 CASSRLBERRY FL 32707

Mailing Address

400 E HWY 436 STE 208
 CASSRLBERRY FL 32707

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

65-0605904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WHITE, BARBARA
 6374 BURLINGTON AVE NORTH
 SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name Paul Deininger
 Street Address (P.O. Box Number is Not Acceptable) 1301 West Eau Gallie Blvd #98
 City Melbourne FL Zip Code 32935

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 effecting)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COGGINS, BARBARA 400 E HWY 436 #208 CASSELBERRY FL 32707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, ELYNN 798 NW 6TH DRIVE BOCA RATON FL 33486	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEININGER, PAUL P O BOX 548 MELBOURNE FL 32902	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITE, BARBARA 6374 BURLINGTON AVE NORTH SAINT PETERSBURG FL 33710	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Saltzman PO Box 839000 Miami FL 33283	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Paul Deininger PO Box 372696 Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)