

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001960

1. Entity Name

EAST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90008 047 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 9753
DAYTONA BEACH FL 32120-9753

P.O. BOX 9753
DAYTONA BEACH FL 32120-9753

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

59-3569427

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

BECKER, REBECCA M
57 NICHOLAS COURT
ORMOND BEACH FL 32176

Name

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

City

FL

Zip Code

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 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 PD ☒ Delete
NAME HAWKINS, JENNIE
STREET ADDRESS 1518 CASEY LN
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE PD ☒ Change ☐ Addition
NAME JAN SMITH
STREET ADDRESS 24 MEADOW RIDGE VIEW
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Delete
NAME DENYS, GEORGE
STREET ADDRESS 160 BREGWAY CT.
CITY-ST-ZIP NEW SMYRNA FL 32165

TITLE PRES. ELECT - D ☒ Change ☐ Addition
NAME DEBORA SCHMELTZ
STREET ADDRESS 1881 BAYVIEW DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☒ Delete
NAME FUNCHEON, LOUISE
STREET ADDRESS 36 TREE TOP CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE T/S...D ☒ Change ☐ Addition
NAME WENDI SILVERS
STREET ADDRESS 901 CAREY LANE
CITY-ST-ZIP SO DAYTONA FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JONNIE PAISLEY
STREET ADDRESS 31 FLORIDA PARK DR
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PAT WESTBROOK
STREET ADDRESS 161 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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:

Louise Funcheon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

904-

437-1272

CR2E037 (9/99)