

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/8

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90013 012 \*\*\*\*61.25

**DOCUMENT # N99000000995**

1. Entity Name

**THE FLORIDA SURETY ASSOCIATION, INC.**

**R**

Principal Place of Business

2600 LUCIEN WAY  
 SUITE 130  
 MAITLAND FL 32751

Mailing Address

P.O. BOX 946640  
 MAITLAND FL 32794-6640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1584784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEARS, JAMES W  
 511 N FERNCREEK AVE  
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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 **D**  Delete  
 NAME **CURRAN, MATTHEW E**  
 STREET ADDRESS **2600 LUCIEN WAY STE 130**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D**  Change  Addition  
 NAME **Scott McDonald**  
 STREET ADDRESS **1200 Abernathy Road**  
 CITY-ST-ZIP **Atlanta, Georgia 30328**

TITLE **D**  Delete  
 NAME **SALANDI, SCOTT**  
 STREET ADDRESS **5 CONCOURSE PARKWAY**  
 CITY-ST-ZIP **ATLANTA GA 30358**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CONROY, D J**  
 STREET ADDRESS **610 CRESCENT EXECUTIVE CT STE 300**  
 CITY-ST-ZIP **LAKE MARY FL 32795**

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

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: SCOTT SALANDI *Scott Salandi* 8/2/00 770-671-2280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)