

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90112 042 ****61.25

DOCUMENT # N99000000995

1. Entity Name

THE FLORIDA SURETY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2600 LUCIEN WAY
 SUITE 130
 MAITLAND FL 32751**

**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

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

**SEARS, JAMES W
 511 N FERNCREEK AVE
 ORLANDO FL 32803**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CURRAN, MATTHEW E	2600 LUCIEN WAY STE 130	MAITLAND FL 32751	<input type="checkbox"/>
D	MCDONLD, SCOTTA	1200 ABERNATHY ROAD	ATLANTA GA 30328	<input checked="" type="checkbox"/>
D	CONROY, D J	610 CRESCENT EXECUTIVE CT STE 300	LAKE MARY FL 32795	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Monica Morgan	150 S. Pine Island Rd., Suite 115	Plantation FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		1000 Legion Place 11th Floor	ORLANDO FL 32802	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Matthew E. Curran

1-25-02

407 919 2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)