

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 2600 LUCIEN WAY SUITE 130 MAITLAND FL 32751	Mailing Address P.O. BOX 946640 MAITLAND FL 32794-6640
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1584784	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ 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 Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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