

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9900000995



1. Entity Name
THE FLORIDA SURETY ASSOCIATION, INC.

Principal Place of Business
1000 LEGION PLACE
SUITE 1100
ORLANDO, FL 32801

Mailing Address
TRAVELERS ROAD
1000 LEGION PLACE 11TH FLOOR
ORLANDO, FL 32801



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

CNA Surety
Suite, Apt. #, etc.
2600 Lucien Way, Ste. 130
City & State
Maitland, FL

3. Mailing Address

CNA Surety
Suite, Apt. #, etc.
2600 Lucien Way, Ste. 130
City & State
Maitland, FL

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when electing)

DATE

FILE NOW. FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	MILLS, JOHN	1211 NORTH WESTSHORE BLVD STE 607	FORT LAUDERDALE, FL 33307	<input checked="" type="checkbox"/>
DT	TYSON, ERIC	TWO LIVE OAK CENTER STE 900	ATLANTA, GA 30326	<input checked="" type="checkbox"/>
DT	FULMER, JACOB	1000 LEGION PLACE STE 1100	ORLANDO, FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Matthew E. Curran	2600 Lucien Way, Ste. 130	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Monica Morgan	150 S. Pine Island Rd, Ste. 115	Plantation, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Mark Coolbaugh	2600 Lucien Way, Ste. 130	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" 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)(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

10/1/03

407-649-2978

Date

Daytime Phone #

CR2E037 (10/02)

21 10/8