

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90219 042 \*\*\*150.00

**DOCUMENT # P00000115234**

1. Entity Name

**INSURANCE ASSOCIATES OF HEATHROW, INC.**

Principal Place of Business

**220 INTERNATIONAL PARKWAY  
 HEATHROW FL 32746**

Mailing Address

**220 INTERNATIONAL PARKWAY  
 HEATHROW FL 32746**

2. Principal Place of Business

**120 International Parkway**

3. Mailing Address

**120 International Parkway**

Suite, Apt. #, etc.

**Suite 220**

Suite, Apt. #, etc.

**Suite 220**

City & State

**Heathrow, FL**

City & State

**Heathrow, FL**

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

4. FEI Number

**59-3690359**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GALLOWAY, COLIN**

**220 INTERNATIONAL PARKWAY  
 HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name

**Galloway, Colin**

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

**120 International Parkway**

**Suite 220**

City

**Heathrow**

**FL**

Zip Code

**32746**

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

*Colin F. Galloway*  
 Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-02**

9. This corporation is eligible to satisfy its Intangible

• Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GALLOWAY, COLIN F**  
 STREET ADDRESS **731 ENDEAVOR DR S**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☒ Delete  
 NAME **MORIN, NORMAN G III**  
 STREET ADDRESS **6705 SYLVAN WOODS DR**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **Colin F. Galloway**  
 STREET ADDRESS **395 Brassie Drive**  
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Laura M. Galloway**  
 STREET ADDRESS **395 Brassie Drive**  
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Colin F. Galloway*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-22-02**

Daytime Phone #

**(407) 304-4703**

CR2E034 (9/01)