

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91175 026 ***150.00

017917 AV

DOCUMENT # P01000078102

1. Entity Name

SPACE COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business

**5500 N. ATLANTIC AVE., #127
 COCOA BCH FL 32931**

Mailing Address

**5500 N. ATLANTIC AVE., #127
 COCOA BCH FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALEXANDER, JOHN J
 5500 N. ATLANTIC AVE., #127
 COCOA BCH FL 32931**

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

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 **PD** ☐ Delete
 NAME **DEININGER, PAUL F**
 STREET ADDRESS **123 WINDWARD WAY**
 CITY-ST-ZIP **INDIAN HARBOR BCH FL 32937**

TITLE **STD** ☐ Delete
 NAME **ALEXANDER, JOHN J**
 STREET ADDRESS **1527 S. ATLANTIC AVE., #401**
 CITY-ST-ZIP **COCOA BCH FL 32931**

TITLE **D** ☒ Delete
 NAME **EADS, TERRI**
 STREET ADDRESS **2320 S. HOPKINS AVE.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **Drapski, Cynthia**
 CITY-ST-ZIP **680 Eau Gallie Blvd
 Melbourne, FL 32935**

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **King, Jeffrey**
 CITY-ST-ZIP **1235 N Atlantic Ave. #400
 Cocoa Beach, FL 32931**

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

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Secy/Treasurer 3/22/02 (321) 783-8333

Date

Daytime Phone #

CR2E034 (9/01)