

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91866 006 ***150.00

DOCUMENT # P01000078102

1. Entity Name
SPACE COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.



Principal Place of Business
5500 N. ATLANTIC AVE., #127 #218
COCOA BCH FL 32931

Mailing Address
5500 N. ATLANTIC AVE., #127 #218
COCOA BCH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#218

Suite, Apt. #, etc.

#218

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Carol A. White

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

5505 N. Atlantic Ave. #218

City

Cocoa Beach

FL

Zip Code

32931

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

Carol A. White - Carol A. White, Secy/Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME Malloy, Cindy
STREET ADDRESS 1301 W. Egan Gallie Blvd #98
CITY-ST-ZIP Melbourne, FL 32935

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

TITLE STD ☒ Change ☐ Addition
NAME White, Carol A.
STREET ADDRESS 5505 N. Atlantic Ave. #218
CITY-ST-ZIP Cocoa Beach, FL 32931

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

TITLE ☐ Change ☐ Addition
NAME None
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME OROPESKI, CYNTHIA
STREET ADDRESS 680 EAU GALLIS BLVD
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE VPD ☒ Delete
NAME KING, JEFFREY
STREET ADDRESS 1323 N ATLANTIC AVENUE, #400
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VPD ☒ Change ☐ Addition
NAME Smith, Rod
STREET ADDRESS 5505 N. ATLANTIC AVE. #127
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol A. White, Secy/Treasurer 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 782-9889

CR2E034 (10/02)