

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0425892 AV

DOCUMENT # P01000082465

1. Entity Name

EXCESS ASSOCIATION UNDERWRITERS, INC.

03-07-2002 90006 030 ***150.00

Principal Place of Business Mailing Address
5100 WEST KENNEDY BLVD #535 **5100 WEST KENNEDY BLVD #535**
TAMPA FL 33609 **TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3741047		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OSBORNE, CHARLES C 5100 WEST KENNEDY BLVD #535 TAMPA FL 33609				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, CHARLES C 5100 WEST KENNEDY BLVD #535 TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D OSBORNE, CHARLES C 5100 W. KENNEDY BLVD. #535 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNETT-SMITH, DAVID 3134 ARDEN ROAD ATLANTA GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DENNETT-SMITH, DAVID 1212 WEST CONWAY ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 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: **CHARLES C. OSBORNE** Date: **2-21-02** Daytime Phone #: **813-289-2464**

CR2E034 (9/01)