

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364881

1. Entity Name

COMMUNITY HEALTH PLAN INC

Principal Place of Business

Mailing Address

3901 N.W. 79TH AVE., SUITE 119  
MIAMI FL 33166

3901 N.W. 79TH AVE., SUITE 119  
MIAMI FL 33126-1928

2. Principal Place of Business

7270 NW 12 STREET

3. Mailing Address

7270 NW 12 STREET

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

GABOR, FRANK

3901 N.W. 79TH AVE. #119

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

7270 NW 12 ST, SUITE 130

City

MIAMI

FL

Zip Code

33126

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

4-24-2000

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, 2000 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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
GABOR, FRANK  
3901 N.W. 79TH AVE. #119  
MIAMI FL 33166

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GABOR, JEFFREY  
3534 THOMASVILLE RD  
TALLAHASSEE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GABOR, RONALD  
3901 N.W. 79TH AVE. #119  
MIAMI FL 33166

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 ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7270 NW 12 ST, SUITE 130  
MIAMI FL 33126

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7270 NW 12 ST, SUITE 130  
MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000 (305) 471 0028

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE