

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90052 019 \*\*\*150.00

**DOCUMENT # M70864**

1. Entity Name  
**PROFESSIONAL EMPLOYERS GROUP, INC.**

Principal Place of Business      Mailing Address  
**339 6TH AVE WEST**      **339 6TH AVE WEST**  
**BRADENTON FL 34205**      **BRADENTON FL 34205-8820**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**65-0033986**      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  
**DORRIS, VIRGINIA A.**  
**339 6TH AVE WEST**  
**BRADENTON FL 34205**

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 \_\_\_\_\_  
Signatures, 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DORRIS, VIRGINIA A.</b> <b>339 6TH AVE WEST</b> <b>BRADENTON FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RATH, DORRIS A</b> <b>339 6 AVE W</b> <b>BRADENTON FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VARNADORE, BRIAN R</b> <b>339 6 AVE W.</b> <b>BRADENTON FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive VP/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Walter Williams</b> <b>3561 Silvery Lane</b> <b>Jacksonville, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Don Varnadore</b> <b>1301 6th Avenue West #600</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William Hawthorne, Jr.</b> <b>1301 6th Avenue West #600</b> <b>Bradenton, FL 34205</b>

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: Virginia A. Dorris      2/9/00      941-745-1836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)