

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90082 004 \*\*\*\*70.00

830000

**DOCUMENT #** *N9700000 2173*  
**1. Entity Name**  
*FANAF SERVICES, INC. VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION*

**Principal Place of Business** *2814 HARDER OAKS AVENUE*  
*VALRICO, FL 33594-4203*  
**Mailing Address** *2814 HARDER OAKS AVENUE*  
*VALRICO, FL 33594-4203*

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number**

Applied For

*59-3434491*

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

*FERNANDEZ, FRANK A.*  
*2814 HARDER OAKS AVENUE*  
*VALRICO, FL 33594-4203*

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

**FILE NOW:  
FEE IS \$61.25**

**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
 Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** *D* ☐ Delete  
**NAME** *FERNANDEZ, FRANK A.*  
**STREET ADDRESS** *2814 HARDER OAKS AVENUE*  
**CITY-ST-ZIP** *VALRICO, FL 33594-4203*

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

**TITLE** *D* ☐ Delete  
**NAME** *FERNANDEZ, NINA A.*  
**STREET ADDRESS** *2814 HARDER OAKS AVENUE*  
**CITY-ST-ZIP** *VALRICO, FL 33594-4203*

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

**TITLE** *D* ☐ Delete  
**NAME** *FERNANDEZ, NORINE M.*  
**STREET ADDRESS** *2814 HARDER OAKS AVENUE*  
**CITY-ST-ZIP** *VALRICO, FL 33594-4203*

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

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

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

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

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

**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 617, 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:** *Frank A. Fernandez* **FRANK A. FERNANDEZ** **11-APR-2000** **813 661 3155**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)