

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000103496**

1. Entity Name

CLAIMS CONTROL, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90046 047 ***150.00

Principal Place of Business

**1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309**

Mailing Address

**1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309-3012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0730249

Applied For

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****JONES, MATTHEW T ESQ
1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309**

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

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 **DC** ☐ Delete
NAME **MORGAMAN, PHILIP E**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **STEPHENSON, MARK**
STREET ADDRESS **1600 COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NICHOLS, NEAL C**
STREET ADDRESS **3251 WASHINGTON BLVD**
CITY-ST-ZIP **ARLINGTON VA 22201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMILLO, JOHN M**
STREET ADDRESS **221 W OAKLAND PK BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **CAMILLO, JOHN M.**
CITY-ST-ZIP **1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309**TITLE **DVST** ☐ Delete
NAME **GARDNER, DEBORAH S**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **GARDNER, DEBORAH S.**
CITY-ST-ZIP **1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309**TITLE **DV** ☐ Delete
NAME **SPRUCE, WILLIAM D**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**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:**Mark Stephenson, President** 4/12/00 (954) 493-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

attach.
C0070554
#P96000103496

CLAIMS CONTROL, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

Title: D
Name: David B. Zugman
Street Address: 4875 N. Federal Highway
City-St-Zip: Ft. Lauderdale, Florida 33308

Title: V
Name: Linda M. DiNapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D,V,S,T
Name: Joel Mutnick
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Peter Reo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309