

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 507463

1. Entity Name  
PLAN COORDINATORS AND ADMINISTRATORS, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90051 032 \*\*\*150.00

Principal Place of Business P O BOX 262109 STE. 800 TAMPA FL 33685 US	Mailing Address 4830 W. KENNDY BLVD. STE. 800 TAMPA FL 33609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4830 W Kennedy Blvd</i> Suite, Apt. #, etc. <i>Suite 800</i> City & State <i>Tampa, FL</i> Zip <i>33609</i> Country <i>Hillsborough</i>	3. Mailing Address <i>PO Box 10117</i> Suite, Apt. #, etc. City & State <i>Tampa</i> Zip <i>33679</i> Country <i>Hillsborough</i>
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4. FEI Number <b>59-1680365</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FRIES, MAX A  
4830 W. KENNDY BLVD.  
STE. 800  
TAMPA FL 33609

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 *[Signature]* DATE *1/31/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD FRIES, MAX A. 4830 W. KENNDY BLVD., STE. 800 TAMPA FL <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	VD FRIES, LINDA A. 4830 W. KENNDY BLVD., STE. 800 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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]* MAX A FRIES DATE *1/31/01* DAYTIME PHONE # *(813) 287-2280*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)