

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695466

1. Entity Name
EMPLOYEE BENEFIT RESOURCES, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90090 030 ***150.00

Principal Place of Business

529 GREENWOOD AVE S
CLEARWATER FL 33756
US

Mailing Address

P.O. BOX 5980
CLEARWATER FL 33758
US

00036322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2165 SUNNYDALE BLVD

3. Mailing Address

P.O. BOX 5980

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2116930

Applied For

Not Applicable

Zip

33765-1212 PINELLAS

Country

PINELLAS

Zip

33758

Country

PINELLAS

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

RIXMAN, KENNETH C
529 GREENWOOD AVE S
CLEARWATER FL 34616

Address change only

Name

KENNETH C. RIXMAN

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

2165 SUNNYDALE BLVD SUITE K

City

CLEARWATER

FL

Zip Code

33765

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, 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 PD ☐ Delete
NAME RIXMAN, KENNETH C
STREET ADDRESS 529 GREENWOOD AVE S
CITY-ST-ZIP CLEARWATER FL

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 2165 SUNNYDALE BLVD SUITE K
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE STD ☐ Delete
NAME RIXMAN, LYNNE K
STREET ADDRESS 529 GREENWOOD AVE S
CITY-ST-ZIP CLEARWATER FL

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 2165 SUNNYDALE BLVD SUITE K
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE ☐ Delete
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH C. RIXMAN

Date

4/10/01

Daytime Phone #

727 444-9191

CR2E034 (10/00)