

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91555 003 \*\*\*150.00

**DOCUMENT # 695466**

1. Entity Name

**EMPLOYEE BENEFIT RESOURCES, INC.**

Principal Place of Business

**2165 SUNNYDALE ROAD STE K  
 CLEARWATER FL 33765-1212  
 US**

Mailing Address

**PO BOX 5980  
 CLEARWATER FL 33758  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**30 FOXFIRE LANE**

3. Mailing Address

**P.O. BOX 5980**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OLDSMAR FL**

City & State

**CLEARWATER FL**

4. FEI Number

**59-2116930**

Applied For

Not Applicable

Zip

**34677**

County

**PINELLAS**

Zip

**33758**

County

**PINELLAS**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIXMAN, KENNETH C**

**2165 SUNNYDALE ROAD STE K  
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **RIXMAN, KENNETH C**

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

**30 FOXFIRE LANE**

**OLDSMAR FL 34677**

City **OLDSMAR** State **FL** Zip Code **34677**

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **RIXMAN, KENNETH C**  
 STREET ADDRESS **2165 SUNNYDALE ROAD STE K**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **STD** ☐ Delete  
 NAME **RIXMAN, LYNNE K**  
 STREET ADDRESS **2165 SUNNYDALE ROAD STE K**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **#30 FOXFIRE LANE** ☐ Change ☐ Addition  
 NAME **OLDSMAR, FL 34677**  
 STREET ADDRESS **30 FOXFIRE LANE**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **#30 FOXFIRE LANE** ☐ Change ☐ Addition  
 NAME **OLDSMAR, FL 34677**  
 STREET ADDRESS **30 FOXFIRE LANE**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)