

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90049 026 ****70.00

DOCUMENT # 700091

1. Entity Name

FLORIDA EMPLOYERS EXCHANGE, INC.

Principal Place of Business

6290 PROFESSIONAL PARKWAY WEST
SARASOTA FL 34240
US

Mailing Address

6290 PROFESSIONAL PARKWAY WEST
SARASOTA FL 34240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1118045

Applied For

Not Applicable

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

SOYARS, GLENDA F
6290 PROFESSIONAL PARKWAY WEST
SARASOTA FL 34240

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
NAME RUSSELL A CURRIN, JR ☐ Delete
STREET ADDRESS 5922 CATTLEMAN LANE, SUITE 204
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ Change ☐ Addition
NAME Russell A. Currin, Jr.
STREET ADDRESS 6290 Professional Pkwy W.
CITY-ST-ZIP Sarasota, FL 34240

TITLE VCD ☐ Delete
NAME FLANDERS, ROBERT W
STREET ADDRESS 2160 PRINCETON STREET
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete
NAME FOXWORTHY, RON
STREET ADDRESS 7200 CHAMELEON WAY
CITY-ST-ZIP SARASOTA FL

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

TITLE CD ☐ Delete
NAME JACOBS, G.W.
STREET ADDRESS 2601 CATTLEMAN ROAD
CITY-ST-ZIP SARASOTA FL 34232

TITLE CD ☒ Change ☐ Addition
NAME G.W. Jacobs
STREET ADDRESS 6300 University Pkwy.
CITY-ST-ZIP Sarasota, FL 34240

TITLE STD ☐ Delete
NAME CONYERS, ALBERT
STREET ADDRESS 777 S. PALM AVE.
CITY-ST-ZIP SARASOTA FL 34230

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

TITLE D ☐ Delete
NAME HENSEY, TIMOTHY
STREET ADDRESS 3301 WHITFIELD AVE
CITY-ST-ZIP SARASOTA FL

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:

Robert W. Flanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Flanders

941-907-0607

Date

Daytime Phone #

CR2E037 (9/01)