

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703092

1. Entity Name

CLINIC BENEFIT SOCIETY, INCORPORATED

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90071 036 \*\*\*\*61.25

Principal Place of Business

C/O WHITE, NOEL  
HOFFMAN ST & LEWIS AVE  
PENNEY FARMS FL 32079

Mailing Address

P.O. BOX 39  
HOFFMAN ST & LEWIS AVE  
PENNEY FARMS FL 32079  
US

2. Principal Place of Business

*Robert Rigel*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-1001037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, NOEL, DR.  
3495 HOFFMAN STR  
PENNY FARMS FL 32079

7. Name and Address of New Registered Agent

Name *RIGEL, Robert President*

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

*3495 Hoffman Street*

City

*Penney Farms*

FL

Zip Code

*32079*

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

TITLE PD  
NAME HOUGHTON, RAY  
STREET ADDRESS 4450-E POLING  
CITY-ST-ZIP PENNEY FARMS, FL 00000 32079 ☐ Delete

TITLE TD  
NAME LAKE, MARGARET  
STREET ADDRESS P.O. BOX 176 N/A APT. G-23  
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE VD  
NAME STUART, CHARLES  
STREET ADDRESS 3498 DWIGHT ST  
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE VD  
NAME FLEU, VIRGINIA  
STREET ADDRESS QUADRANGLE APT. B-27  
CITY-ST-ZIP PENNEY FARMS, FL 00000 32079 ☐ Delete

TITLE SD  
NAME STEPLER, JEAN  
STREET ADDRESS 4435-D WILBANKS  
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)