

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90041 039 ****61.25

DOCUMENT # 703092

1. Entity Name

CLINIC BENEFIT SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

**C/O RIGEL, ROBERT
 HOFFMAN ST & LEWIS AVE
 PENNEY FARMS FL 32079**

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

59-1001037

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

**RIGEL, ROBERT PRES
 3495 HOFFMAN STR
 PENNY FARMS FL 32079**

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

Robert Rigel

Robert Rigel

3/6/2002

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOUGHTON, RAY	
STREET ADDRESS	4450-E POLING	
CITY-ST-ZIP	PENNEY FARMS, FL 00000 32079	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAKE, MARGARET	
STREET ADDRESS	P.O. BOX 176 N/A APT. G-23	
CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STUART, CHARLES	
STREET ADDRESS	3498 DWIGHT ST	
CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLEU, VIRGINIA	
STREET ADDRESS	QUADRANGLE APT. B-27	
CITY-ST-ZIP	PENNEY FARMS, FL 00000 32079	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEPLER, JEAN	
STREET ADDRESS	4435-D WILBANKS	
CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, CHARLES	
STREET ADDRESS	3498 DWIGHT ST	
CITY-ST-ZIP	PENNEY FARMS, FL 32079	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID, WILMA	
STREET ADDRESS	4400 POLING BLVD.	
CITY-ST-ZIP	PENNEY FARMS, FL 32079	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYSEN, CECILE	
STREET ADDRESS	4235 STUDIO ROAD	
CITY-ST-ZIP	PENNEY FARMS, FL 32079	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Charles Stuart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Stuart

3/4/02

904-529-8180

Date

Daytime Phone #