

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766707

1. Entity Name

EMPLOYERS HEALTH COALITION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90021 002 \*\*\*\*70.00

Principal Place of Business	Mailing Address
1111 N WESTSHORE BLVD #608 TAMPA FL 33607-4702 US	1111 N WESTSHORE BLVD #608 TAMPA FL 33607-4702 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2305456	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BROCATO, FRANK M  
1111 N WESTSHORE  
#608  
TAMPA FL 33607

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	CLARKE, PHIL	
STREET ADDRESS	13609 3RD AVE NE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TOMASINO, SHERRILL	
STREET ADDRESS	12301 N 52ND ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUSHE, CHUCK	
STREET ADDRESS	10208 GROVE DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BROCATO, FRANK M	
STREET ADDRESS	27035 FOAM FLOWER BLVD.	
CITY-ST-ZIP	ZEPHRYHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Frank M. Brocato, CEO 4/20/00 (813) 281-5665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #