# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 26, 2001 8:00 am**
**Secretary of State**
01-26-2001 90154 047 ****61.25

DOCUMENT # 766888

1. Entity Name

EMPLOYERS ASSOCIATION OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % EMPLOYERS ASSOC. OF FLA<br>1200 W. ST. RD. 434. STE.220<br>LONGWOOD FL 32750 | % EMPLOYERS ASSOC. OF FLA<br>1200 W. ST. RD. 434. STE.220<br>LONGWOOD FL 32750 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 1200 W. ST. RD. 434, STE 206 | Suite, Apt. #, etc.: 1200 W. ST. RD. 434, STE 206 |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number: 59-2157213 ☐ 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 |
|---|---|
| MANNY, RITA K.<br>1200 W STATE RD 434, STE 220<br>LONGWOOD FL 32750 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 W. ST. RD. 434, STE 206<br>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: Rita K. Manny — Rita K. Manny — 1/18/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PTS<br>MANNY, RITA K<br>1200 W. STATE RD. 434, SUITE 220<br>LONGWOOD FL 32750 | ☐ Delete | PTS<br>MANNY, RITA K<br>1200 W ST RD 434 STE 206<br>LONGWOOD, FL 32750 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>THEISS, JOY D<br>1200 W. STATE RD. 434, SUITE 220<br>LONGWOOD FL 32750 | ☑ Delete | CD<br>PIESCHEL, DEE, K.<br>1200 W ST RD 434 STE 206<br>LONGWOOD, FL 32750 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>WHITNEY, LOU<br>1200 W. STATE RD. 434, SUITE 220<br>LONGWOOD FL 32750 | ☐ Delete | CD<br>WHITNEY, LOU<br>1200 W ST RD 434 STE 206<br>LONGWOOD, FL 32750 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Rita K. Manny REQUIRED Rita K. Manny — 1/18/01 — 407-260-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #