

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90095 033 ****61.25

DOCUMENT # 766888

1. Entity Name

EMPLOYERS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

**% EMPLOYERS ASSOC. OF FLA
1200 W. ST. RD. 434, STE.206
LONGWOOD FL 32750**

Mailing Address

**% EMPLOYERS ASSOC. OF FLA
1200 W. ST. RD. 434, STE.206
LONGWOOD FL 32750**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2157213**

Applied For
Not Applicable

Zip

Country

Zip

Country

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.
1200 W STATE RD 434, STE 206
LONGWOOD FL 32750**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTS	MANNY, RITA K	1200 W ST RD 434 STE 206	LONGWOOD FL 32750	☐ Delete	
CD	WALKER, MAUREEN	1200 W ST RD 434 STE 206	LONGWOOD FL 32750	☒ Delete	
CD	WHITNEY, LOU	1200 W ST RD 434 STE 206	LONGWOOD FL 32750	☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

407-260-6556

CR2E037 (10/02)