

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 835606

1. Entity Name

AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.

FILED

01 JUN 14 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4401 Santa Anita Ave.
El Monte, CA 91731

Mailing Address 4401 Santa Anita Ave.
El Monte, CA 91731

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

95-1702986

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Fazer, Alan P.
STREET ADDRESS 4401 Santa Anita Avenue.
CITY-ST-ZIP El Monte, CA 91731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EVP, D
NAME Bak, Jeffery W.
STREET ADDRESS 3501 Frontage Road
CITY-ST-ZIP Tampa, FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S, D
NAME Dingle, Phillip S.
STREET ADDRESS 3501 Frontage Road
CITY-ST-ZIP Tampa, FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME Still, David B.
STREET ADDRESS 4401 Santa Anita Avenue
CITY-ST-ZIP El Monte, CA 91731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

6/12/01

813/289-1000 x2048

CR2E034 (11/00)

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**American Benefit Plan Administrators, Inc.
Officers and Directors**

OFFICERS:

Title:	Name	Home Address	Business Address
President	Alan P. Fazer 340-42-7043	12243 Calvert Street N. Hollywood, CA 91605	4401 Santa Anita Avenue El Monte, CA 91731
Executive Vice President	Jeffery W. Bak 337-66-3539	833 S. Dakota Tampa, FL 33606	3501 Frontage Road Tampa, FL 33607
Secretary	Phillip S. Dingle 267-57-2396	4516 Watrous Avenue Tampa, FL 33629	3501 Frontage Road Tampa, FL 33607
Controller, Treasurer, and Assistant Secretary	David B. Still 287-54-5094	5330 Ebell St. Long Beach, CA 90808	4401 Santa Anita Avenue El Monte, CA 91731

DIRECTORS:

Phillip S. Dingle 267-57-2396	4516 Watrous Avenue Tampa, FL 33629	3501 Frontage Road Tampa, FL 33607
Jeffery W. Bak 337-66-3539	833 S. Dakota Tampa, FL 33606	3501 Frontage Road Tampa, FL 33607

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ACCOUNT NO. : 072100000032

REFERENCE : 185899 5024118

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 558.75

ORDER DATE : June 14, 2001

ORDER TIME : 11:32 AM

ORDER NO. : 185899-005

CUSTOMER NO: 5024118

CUSTOMER: Ms. Sandie Spangler
Healthplan Services, Inc.
3501 Frontage Road
P.O. Box 30098
Tampa, FL 33607-3599

ANNUAL REPORT FILING

NAME: AMERICAN BENEFIT PLAN
ADMINISTRATORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____

RECEIVED
01 JUN 14 PM 12:00
DIVISION OF CORPORATION