

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005829

1. Entity Name
CBIZ WORKSITE SERVICES, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90059 047 ***150.00

Principal Place of Business
2600 GRAND BLVD., SUITE 600
KANSAS CITY MO 64108

Mailing Address
2600 GRAND BLVD., SUITE 600
KANSAS CITY MO 64108

00013354



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-1897873

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 WATKINS, W. WAYNE
STREET ADDRESS 255 SOUTH ORANGE AVE., SUITE 801
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SHER, HARLAN
STREET ADDRESS 8070 EAST MORGAN TRAIL
CITY-ST-ZIP SCOTTSDALE AZ 85258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME RUTIGLIANO, BARBARA A
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD. SOUTH, STE. 330
CITY-ST-ZIP CLEVELAND OH 44131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME AZZOLINA, DAVID S
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD. SOUTH, STE. 330
CITY-ST-ZIP CLEVELAND OH 44131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRISKO, JEROME P JR.
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD. SOUTH, STE. 330
CITY-ST-ZIP CLEVELAND OH 44131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Assistant Secretary
NAME Nancy M. Mellard
STREET ADDRESS 2600 Grand Blvd #600
CITY-ST-ZIP Kansas City MO 64108 ☐ 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:

Nancy M. Mellard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
Date

816/471-5656
Daytime Phone #

CR2E034 (10/00)