

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0582831 AT

DOCUMENT # F01000003286

1. Entity Name

HCC BENEFITS CORPORATION

04-09-2002 90073 050 ***150.00

Principal Place of Business

Mailing Address

**225 TOWN PARK DRIVE, SUITE 200
KENNESAW GA 30144-0460**

**225 TOWN PARK DRIVE, SUITE 200
KENNESAW GA 30144-0460**

80060851



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

76-0572393

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KELBEL, CRAIG J	
STREET ADDRESS	225 TOWN PARK DRIVE, SUITE 200	
CITY-ST-ZIP	KENNESAW GA 30144-0460	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, SUZI	
STREET ADDRESS	225 TOWN PARK DRIVE, SUITE 200	
CITY-ST-ZIP	KENNESAW GA 30144-0460	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, CHRISTOPHER L	
STREET ADDRESS	13403 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MOLBECK, JOHN N JR.	
STREET ADDRESS	13403 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, EDWARD H JR.	
STREET ADDRESS	13403 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDERFORD, MARK R	
STREET ADDRESS	225 TOWN PARK DRIVE, SUITE 200	
CITY-ST-ZIP	KENNESAW GA 30144-0460	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, John N. Jr	
STREET ADDRESS	225 Town Park Dr., Ste 200	
CITY-ST-ZIP	Kennesaw, GA 30144-0460	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)