

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000006225**

1. Entity Name

NORTH AMERICAN BENEFITS NETWORK, INC.**FILED****Feb 25, 2000 8:00 am**
Secretary of State

02-25-2000 90011 050 ***150.00

Principal Place of Business

Mailing Address

**19800 DETROIT RD.
CLEVELAND OH 44116****19800 DETROIT RD.
CLEVELAND OH 44116-1816**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1597330

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

**33324RP SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 32399-0300**

Name

Christopher B. Kerr

Street Address (P.O. Box Number is Not Acceptable)

2201 Cantu Court, Suite 102

City

Sarasota**FL**

Zip Code

34232

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BAKER, DONALD T	23512 QUAIL HOLLOW DR.	WESTLAKE OH 44145	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DC	HAHN, ALEXANDER D	3183 DICK WILSON DR.	SARASOTA FL 34240	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	SEELEY, GREGORY D	1120 FOREST RD.	LAKEWOOD OH 44107	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	MORGAN, MARY L	31453 MUIRFIELD WAY	WESTLAKE OH 44145	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)