

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006225

1. Entity Name

NORTH AMERICAN BENEFITS NETWORK, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90054 006 ***150.00

Principal Place of Business

19800 DETROIT RD.
CLEVELAND OH 44116

Mailing Address

19800 DETROIT RD.
CLEVELAND OH 44116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Cayphoga

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1597330

Applied For

Not Applicable

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

KERR, CHRISTOPHER B
2201 CANTU COURT STE 102
SARASOTA FL 34232

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 PD
NAME BAKER, DONALD T
STREET ADDRESS 23512 QUAIL HOLLOW DR.
CITY-ST-ZIP WESTLAKE OH 44145 ☐ Delete

TITLE
NAME RONALD DEWSNUP
STREET ADDRESS 26905 MORGAN RUN
CITY-ST-ZIP WESTLAKE, OH 44145 ☐ Change ☒ Addition

TITLE DC
NAME HAHN, ALEXANDER D
STREET ADDRESS 3183 DICK WILSON DR.
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

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

TITLE S
NAME SEELEY, GREGORY D
STREET ADDRESS 1120 FOREST RD.
CITY-ST-ZIP LAKEWOOD OH 44107 ☐ Delete

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

TITLE V
NAME MORGAN, MARY L
STREET ADDRESS 31453 MUIRFIELD WAY
CITY-ST-ZIP WESTLAKE OH 44145 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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

RONALD DEWSNUP

Date

1/3/01

Daytime Phone #

440
358 8212

CR2E034 (10/00)