

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004351

1. Entity Name

MANAGEMENT GROUP INSURANCE SERVICES, INC.

Principal Place of Business

6133 N. RIVER ROAD
SUITE 650
ROSEMONT IL 60018-5173

Mailing Address

6133 N. RIVER ROAD
SUITE 650
ROSEMONT IL 60018-5173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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

TITLE	VPF	<input type="checkbox"/> Delete
NAME	WILLIAM C. PASSOLT	
STREET ADDRESS	172 KNIGHTSBRIDGE DR.	
CITY-ST-ZIP	MUNDELEIN IL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ESTABROOKS, LEWIS N DMD	
STREET ADDRESS	3 ATLANTIC DR.	
CITY-ST-ZIP	SCARBOROUGH ME 04074	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOPF, JEFFREY S DDS	
STREET ADDRESS	25455 YORK	
CITY-ST-ZIP	HUNTINGTON WOOD MI 48070	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLMES, STEVEN M	
STREET ADDRESS	1117 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEEGAN, ALAN E DDS	
STREET ADDRESS	6073 SOUTH PIKE DRIVE	
CITY-ST-ZIP	LARKSPUR CO 80118	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUDWIG, KENNETH	
STREET ADDRESS	1218 FRANKLIN AVE	
CITY-ST-ZIP	RIVER FOREST FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SR. VICE PRESIDENT & COO	<input checked="" 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		
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 an address, with all other like empowered.

SIGNATURE:

William C. Passolt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. PASSOLT SR. VP AND COO

Date

4/26/00

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90372 020 ***150.00

A0062400



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3766573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required