

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90142 005 ***158.75

DOCUMENT # F97000001372

Entity Name

THE CHURCHILL BENEFIT CORPORATION

Principal Place of Business

**100 E LINTON BLVD
 401A
 DELRAY BEACH FL 33483**

Mailing Address

**100 E LINTON BLVD
 401A
 DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-2747692

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAHR, WILLIAM G
 100 E LINTON BLVD
 401A
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

1. 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

1. OFFICERS AND DIRECTORS

TITLE: **C**
 NAME: **BAHR, WILLIAM G**
 STREET ADDRESS: **3240 ST CHARLES PL**
 CITY-ST-ZIP: **BOCA RATON FL 33434**
☐ Delete

TITLE:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PIC**
 NAME: **BAHR, WILLIAM**
 STREET ADDRESS: **100 EAST LINTON BLVD**
 CITY-ST-ZIP: **DELRAY BEACH, FL 33483**
☒ Change ☐ Addition

TITLE: **V/D**
 NAME: **BAHR, KARINA**
 STREET ADDRESS: **100 EAST LINTON BLVD**
 CITY-ST-ZIP: **DELRAY BEACH, FL 33483**
☐ Change ☒ Addition

TITLE: **S/TID**
 NAME: **MCCANN, RICH**
 STREET ADDRESS: **310 EAST WASHINGTON AVENUE**
 CITY-ST-ZIP: **BRIARCLIFF, CT 06608**
☐ Change ☒ Addition

TITLE: **V**
 NAME: **DEAR, MARK**
 STREET ADDRESS: **310 EAST WASHINGTON AVENUE**
 CITY-ST-ZIP: **BRIARCLIFF, CT 06608**
☐ Change ☒ Addition

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

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

3. 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 REQUIRED

1/24/02

203-579-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)