

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 023 ***158.75

DOCUMENT # F97000002197

1. Entity Name

SYKES HEALTHPLAN SERVICE BUREAU, INC.

Principal Place of Business

Mailing Address

**11405 BLUEGRASS PARKWAY
 LOUISVILLE KY 40299**

**11405 BLUEGRASS PARKWAY
 LOUISVILLE KY 40299**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1169763**

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

CORPORATION SERVICE COMPANY

**1201 HAYS ST
 TALLAHASSEE FL 32301**

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 **PT** ☐ Delete
 NAME **GANNETT, JOHN D.**
 STREET ADDRESS **11405 BLUEGRASS PKWY**
 CITY-ST-ZIP **LOUISVILLE KY 40299**

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

TITLE **VS** ☒ Delete
 NAME **BECKLER, CHRISTINE**
 STREET ADDRESS **11405 BLUEGRASS PKWY**
 CITY-ST-ZIP **LOUISVILLE KY 40299**

TITLE **V** ☐ Change ☒ Addition
 NAME **David W. Lester**
 STREET ADDRESS **11405 Bluegrass Parkway**
 CITY-ST-ZIP **Louisville, KY 40299**

TITLE **D** ☐ Delete
 NAME **GARNER, DAVID E**
 STREET ADDRESS **11405 BLUEGRASS PARKWAY**
 CITY-ST-ZIP **LOUISVILLE KY 40299**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **David P. Haick**
 STREET ADDRESS **11405 Bluegrass Parkway**
 CITY-ST-ZIP **Louisville, KY 40299**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Paul B. Queally**
 STREET ADDRESS **320 Park Avenue, Suite 2500**
 CITY-ST-ZIP **New York, NY 10022-6815**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **D. Scott Mackesy**
 STREET ADDRESS **320 Park Avenue, Suite 2500**
 CITY-ST-ZIP **New York, NY 10022-6815**

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: David P. Haick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01
 Date

502-267-3135
 Daytime Phone #

CR2E034 (10/00)