

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005705

1. Entity Name

AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 006 ****61.25

Principal Place of Business

Mailing Address

1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017

1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017-5071

80007245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0057253

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete
NAME NEUMANN, ROBERT S.
STREET ADDRESS 6 PALERMO AVE STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Karen Norris - Director ☐ Change ☒ Addition
NAME 988 Woodcock Rd. Ste. 198
STREET ADDRESS Orlando, FL 32803
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME FEINBERG, MYRON
STREET ADDRESS 6 PALERMO AVE STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE VP ☐ Delete
NAME ROY, MONICA
STREET ADDRESS 1010 THOREAU CT. 15990 Wetherburn Rd
CITY-ST-ZIP ST LOUIS MO 63146 Chesterfield, MO 63017

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

TITLE S ☐ Delete
NAME BOEKER, KAREN
STREET ADDRESS 13 BORDEAUX PLACE
CITY-ST-ZIP LAKE ST LOUIS MO 63146 63667

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

TITLE D ☐ Delete
NAME MALATESTA, AL
STREET ADDRESS 9304 WELLINGTON PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33647

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

TITLE D ☐ Delete
NAME PFAUSCH, DIXON
STREET ADDRESS 307 REGENCY CIRCLE
CITY-ST-ZIP DUBLIN GA 31021

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BOEKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 636-530-1200

Date

Daytime Phone #