## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # F9800006653 Mar 04, 2000 8:00 am **Secretary of State** EMPLOYERS BENEFITS OF OHIO, INC. 03-04-2000 90052 023 \*\*\*150.00 Mailing Address Principal Place of Business 2242 STUMBO ROAD 2242 STUMBO ROAD MANSFIELD OH 44906-1296 MANSFIELD OH 44906 3. Mailing Address 2. Principal Place of Business ZZBI VILLAGE MAUD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **\_#** Applied For City & State 4. FEI Number 34-1696604 nansfie mano Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BARTKUS, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) 615 SO MISSOURI AVE., STE F CLEARWATER FL 33756 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD Change ☐ Addition ☐ Delete TITLE NAME NAME WORKMAN, VAN A STREET ADDRESS STREET ADDRESS 2242 STUMBO ROAD CITY-ST-ZIP CITY-ST-ZIP MANSFIELD OH ☐ Addition ☐ Delete TITLE Change NAME FLAUGHTER JR, FRANK V NAME STREET ADDRESS STREET ADDRESS 2242 STUMBO ROAD CITY-ST-ZIP CITY-ST-ZIP MANSFIELD OH ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME: DINSMORE, MICHELLE L STREET ADDRESS STREET ADDRESS 2242 STUMBO ROAD CITY-ST-ZIP CITY-ST-ZIP MANSFIELD OH ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fling 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 export 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 received or truelee 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.

VAN A. WOFK MAN Z. Z3-2000 1-800-456-5615