

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90106 001 \*\*\*750.00

UNUBR5, A1

**DOCUMENT # F99000002546**

1. Entity Name

**CBIZ BENEFITS & INSURANCE SERVICES OF FLORIDA, I NC.**

Principal Place of Business

**20 N ORANGE AVE  
 STE 404  
 ORLANDO FL 32801**

Mailing Address

**6480 ROCKSIDE WOODS BLVD., SUITE 330  
 CLEVELAND OH 44131**

11000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**34-1885306**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
 NAME **PERRY, RICHARD A**  
 STREET ADDRESS **20 N ORANGE AVE, STE 404**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P** ☐ Delete  
 NAME **FALLER, DONALD M**  
 STREET ADDRESS **20 N ORANGE AVE STE 404**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **S** ☐ Delete  
 NAME **RUTIGLIANO, BARBARA A**  
 STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., SUITE 330**  
 CITY-ST-ZIP **CLEVELAND OH 44131**

TITLE **EVP** ☐ Delete  
 NAME **GRISKO, JEROME P JR.**  
 STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., SUITE 330**  
 CITY-ST-ZIP **INDEPENDENCE OH 44131**

TITLE **T** ☐ Delete  
 NAME **AZZOLINA, DAVID S**  
 STREET ADDRESS **6480 ROCKSIDE WOODS BLVD STE 330**  
 CITY-ST-ZIP **INDEPENDENCE OH 44131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Michael W. Gleespen**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

**UPPER REQUIRED**

**Michael W. Gleespen**

**1-7-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)