

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75026

1. Entity Name

FIRST BENEFIT SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90085 050 ***150.00

Principal Place of Business

Mailing Address

7930 US HWY 301 N
STE A
TAMPA FL 33637
US

PO BOX 290138
SUITE 450.PO BOX 290138
TAMPA FL 33687-0138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2288043**

Applied For

Not Applicable

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

FRAZIER, ROBERT C
2950 N BEACH RD
A334
ENGLEWOOD FL 34223

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT	
STREET ADDRESS	2950 N. BEACH RD A334	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD	
STREET ADDRESS	5918 FAIRFAIX ST., N.W.	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GATZULIS, DANIEL	
STREET ADDRESS	2401 BAY BLVD. APT A	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)