

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90163 048 \*\*\*150.00

**DOCUMENT # K62162**

1. Entity Name

**EMPLOYEE BENEFIT COMPLIANCE ADMINISTRATORS, INC.**

Principal Place of Business

Mailing Address

1009 PEBBLE BEACH CIRCLE WEST  
 WINTER SPRINGS FL 32708

1009 PEBBLE BEACH CIRCLE WEST  
 WINTER SPRINGS FL 32708-4209

80016303

2. Principal Place of Business

3. Mailing Address

703 FALLING LEAF COURT  
 Suite, Apt. #, etc.

703 FALLING LEAF COURT  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number

59-2932245

Applied For

Not Applied For

Zip

32724

Country

VOLUSIA

Zip

32724

Country

VOLUSIA

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

HERALD, SANDRA L.  
 1009 PEBBLE BEACH CIRCLE WEST  
 WINTER SPRINGS FL 32708

Name

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

703 FALLING LEAF COURT

City

DELAND

FL

Zip Code

32724

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

*Sandra L. Herald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/00

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	PSD	<input type="checkbox"/> Delete
NAME	HERALD, SANDRA L.	
STREET ADDRESS	1009 PEBBLE BEACH CIR W	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	703 FALLING LEAF COURT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sandra L. Herald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/00

407. 365-606