

2001 UNIFORM BUSINESS REPORT (UBR)

0012005 AF

DOCUMENT # L00000004105

1. Entity Name

CCS BENEFITS SERVICES, LLC

FILED

01 JUN 18 PM 12:19

Principal Place of Business

4875 NORTH FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE FL 33308

Mailing Address

4875 NORTH FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE FL 33308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 East Las Olas Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24080

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33307

Country

USA

4. FEI Number

05-0998577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNDY INSURANCE AGENCY, INC.

4875 NORTH FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Cundy, Inc.

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

333 East Las Olas Blvd.

City

Ft. Lauderdale

FL

Zip Code

33301

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

Cundy, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Manager / Chief Executive Officer
Douglas M. Beller
333 East Las Olas Blvd.
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Manager / President
Howard Coruerman
200 E. Broward Blvd., Ste 1125
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600004437816-8
-06/22/01--01084--016
*****50.00 *****50.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01 (954) 467-0009

CR2E083 (11/00)