

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010190

1. Entity Name

CORNERSTONE BENEFIT SOLUTIONS, LLC

FILED

01 APR -9 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

103 TURTLE WALK
PONTE VEDRA BEACH FL 32082

Mailing Address

103 TURTLE WALK
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

2000 Corporate Sq Blvd

3. Mailing Address

2000 Corporate Sq Blvd

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Jax., FL

City & State

Jax., FL

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

4. FEI Number

59-3667546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, MICHAEL L JR.
FOUR SAWGRASS VILLAGE, SUITE 230
PONTE VEDRA BEACH FL 32082

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MANAGING MEMBER
TIMOTHY D. FANNIN
STREET ADDRESS 103 TURTLE WALK
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE NAME ☐ Delete
MEMBER
MELVIN G. FANNIN, JR.
STREET ADDRESS 2000 CORPORATE SQ. BLVD #1
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE NAME ☐ Delete
MEMBER
JOHN H. WILBER, JR.
STREET ADDRESS 4237 SALISBURY RD. #1406
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)