

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
 05-22-2001 90038 034 \*\*\*\*70.00

DOCUMENT # N000000004219

1. Entity Name

PEOPLES CO-OP BENEFITS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

10335 Orangewood Blvd

Suite, Apt. #, etc.

E

City & State

Orlando, Florida

Zip

32821

Country

Orange

3. Mailing Address

10335 Orangewood Blvd.

Suite, Apt. #, etc.

E

City & State

Orlando, FLORIDA

Zip

32821

Country

Orange

4. FEI Number

59-366-4383

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

769967

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROLAND HERNANDEZ

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

10335 Orangewood Blvd.

City

Orlando

FL

Zip Code

32821

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 Roland Hernandez ROLAND HERNANDEZ P

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

(NOTE: Registered Agent signature required when reinstating)

MAY-4-2001

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to:  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME President P/D  
STREET ADDRESS Roland HERNANDEZ  
CITY-ST-ZIP 10335 Orangewood Blvd  
Orlando, Florida 32821

TITLE ☐ Change ☒ Addition  
NAME V/D  
STREET ADDRESS OSCAR SOTO  
CITY-ST-ZIP 7703 RAVANA Dr.  
Orlando, FL, 32822

TITLE ☐ Change ☒ Addition  
NAME S/D  
STREET ADDRESS Michael A. Gross  
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roland Hernandez ROLAND HERNANDEZ MAY 3-2001 407-355-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

Attachment

DOC# N00000004219

769987 17-00

Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

59-3664383

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>PEOPLES COOP BENEFITS, INC.</b>	
	2 Trade name of business (if different from name on line 1) <b>N/A</b>	3 Executor, trustee, "care of" name <b>PATRICK MCKELHEER</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>5231 WILDFLOWER ROAD</b>	5a Business address (if different from address on lines 4a and 4b) <b>N/A</b>
	4b City, state, and ZIP code <b>ORLANDO, FL 32821</b>	5b City, state, and ZIP code <b>N/A</b>
	6 County and state where principal business is located <b>ORANGE FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ <b>PATRICK V. MCKELHEER 539-42-9585</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>COOPERATIVE</b> (enter GEN if applicable)	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country <b>N/A</b>
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>DEATH BENEFITS COOP</b>	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	

10 Date business started or acquired (month, day, year) (see instructions) <b>JULY 15, 2000</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ▶ <b>PROVIDE DEATH BENEFITS TO MEMBERS</b>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶ <b>MEMBERS</b>
<input type="checkbox"/> N/A	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ <b>N/A</b> Trade name ▶ <b>N/A</b>

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN
<b>N/A N/A N/A</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <b>(407) 903-1388</b>
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Name and title (Please type or print clearly.) ▶ <b>PATRICK MCKELHEER, DIRECTOR</b>	Fax telephone number (include area code) <b>(407) 903-1388</b>
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Signature ▶ <i>Patrick McKelheer</i>	Date ▶ <b>8-16-00</b>
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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59-3664383

8-17-00