

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **NO2000008563**

1. Entity Name

EMPLOYERS FOR INSURANCE REFORM, INC.



**FILED
Sep 18, 2003 8:00 am
Secretary of State**

04-21-2003 90420 003 ****61.25

09-18-2003 90032 021 ***236.25



CHECK HERE IF MAKING CHANGES

Principal Place of Business
5700 LAKE WORTH ROAD
SUITE 302
LAKE WORTH FL 33463

Mailing Address
5700 LAKE WORTH ROAD
SUITE 302
LAKE WORTH FL 33463

2. Principal Place of Business
2701 W. BUSCH BLVD.
Suite, Apt. #, etc.
Suite # 208

3. Mailing Address
2701 W. BUSCH BLVD.
Suite, Apt. #, etc.
Suite # 208

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33618

Zip
33618

Country
U.S.A.

Country
U.S.A.

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, BRIAN S
5700 LAKE WORTH ROAD
SUITE 302
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent
Name
CHRISTOPHER J. SMITH
Street Address (P.O. Box Number is Not Acceptable)
2701 W. BUSCH BLVD, STE 208
City
TAMPA FL Zip Code
33618

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher J. Smith

9/14/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER J. SMITH		NAME	
STREET ADDRESS	2701 W. BUSCH BLVD., STE 208		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 an officer like empowered.

CR2E037 (4/03)

SIGNATURE: *Christopher J. Smith* REQUIRED

9/14/03

(813) 931-1145