

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

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

04-21-2003 90420 003 ****61.25
09-18-2003 90032 021 ***236.25

DOCUMENT # N02000008563

1. Entity Name

EMPLOYERS FOR INSURANCE REFORM, INC.



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

City & State

TAMPA, FL

Zip

33618

Country

U.S.A.

3. Mailing Address

2701 W. BUSCH BLVD.

Suite, Apt. #, etc.

Suite # 208

City & State

TAMPA, FL

Zip

33618

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

9/14/03

DATE

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

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **CHRISTOPHER J. SMITH**
CITY-ST-ZIP **2701 W. BUSCH BLVD., Ste 208**
TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Christopher J. Smith
REQUIRED

9/14/03

(813) 931-1145

CR2E037 (4/03)