

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90183 043 ****61.25

DOCUMENT # N46756

1. Entity Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL S
 OCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS**

Principal Place of Business

**7805 SW 6TH CT
 PLANTATION FL 33324-3203
 US**

Mailing Address

**7805 SW 6TH CT
 PLANTATION FL 33324-3203
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0325256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLS, GAIL
 901 PENINSULA CORP CIRCLE
 BOCA RATON FL 33487**

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 \$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	P	<input type="checkbox"/> Delete
NAME	SCHUNK, MICHAEL	
STREET ADDRESS	7805 SW 6TH CT	
CITY-ST-ZIP	PLANTATION FL 33324-3203	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLS, GAIL	
STREET ADDRESS	901 PENINSULA CORP CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLOR, CAROLYN	
STREET ADDRESS	1001 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACHARD, EARDL W	
STREET ADDRESS	4200 WACHERHUT DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKOR, BERNARD	
STREET ADDRESS	8180 NW 36TH ST SUITE 100-E	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHATTON, AUDREY	
STREET ADDRESS	13680 NW 5TH ST SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33325	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard Becker* **BERNARD BECKER, TREASURER**

1/17/02

305-594-1120

CR2E037 (9/01)