

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90139 004 \*\*\*\*61.25

**DOCUMENT # N46756**

1. Entity Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL SOCIETY 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

**2455 E. Sunrise Blvd. Suite 200**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**  
**33304 USA**

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fiumara, Ramona</b>	
STREET ADDRESS	<b>2455 E. Sunrise Blvd. #1200</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

2. 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, will all other like empowered.

SIGNATURE

**Ramona Fiumara**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/24/03 954-504-4300 x214**