

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90034 050 ***150.00

DOCUMENT # P14450

1. Entity Name

UNION BENEFIT CORPORATION

Principal Place of Business

515 E. LAS OLAS
 930
 FORT LAUDERDALE FL 33301
 US

Mailing Address

PO BOX 8907
 FORT LAUDERDALE FL 33310-8907
 US

80017351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11 SW 15 Street
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

36-3492782

Applied For

Not Applicable

Zip

33316

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, RAY
 515 E. LAS OLAS BLVD. 11 SW 15 STREET
 930
 FT. LAUDERDALE FL 33340 33316

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GRIFFIN, C. RAY	
STREET ADDRESS	515 E. OLAS OLAS BLVD #930	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, PATSY ANNA	
STREET ADDRESS	515 E. LAS OLAS BLVD. #930	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KNOPP, LINDA A	
STREET ADDRESS	2200 NE 33 AVE #7D	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	15 N. VICTORIA PARK ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	15 N. VICTORIA PARK ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	796 TANGLEWOOD CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/99