

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007020

1. Entity Name

DISTINCTIVE BENEFITS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

422 S FLORIDA AVE
STE A
LAKELAND FL 33801
US

P O BOX 503
STE A
AUBURNDAL FL 33823-0503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3152241**

Applied For

Not Applicable

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

900634



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REVER, THEODORE E III
619 SOMERSET LOOP
AUBURNDAL FL 33823

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

PTD
REVER, THEODORE E III
619 SOMERSET LOOP
AUBURNDAL FL

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VPD
REVER, KATHLEEN A
619 SOMERSET LOOP
AUBURNDAL FL 33823

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SIGNATURE *Theodore E. Rever, III* **THEODORE E. REVER, III, PRESIDENT**

1/10/2000 863-682-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)