

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90055 044 ***158.75

DOCUMENT # P92000007020

1. Entity Name

DISTINCTIVE BENEFITS OF FLORIDA, INC.

Principal Place of Business

422 S FLORIDA AVE
 STE A
 LAKELAND FL 33801
 US

Mailing Address

P O BOX 503
 STE A
 AUBURNDALE FL 33823
 US

2. Principal Place of Business

3. Mailing Address

422 S. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

City & State

LAKELAND, FL. 33801

Zip

Country

Zip

Country

33801

POLK

4. FEI Number **59-3152241**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REVER, THEODORE E III
 619 SOMERSET LOOP
 AUBURNDALE 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 **THEODORE E. REVER III**

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

(NOTE: Registered Agent signature required when reinstating)

02/17/2001

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, 2001: 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 **PTD** ☐ Delete
 NAME **REVER, THEODORE E III**
 STREET ADDRESS **619 SOMERSET LOOP**
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **KELLEY M. BELTZ**
 STREET ADDRESS **6304 CHRISTINA GROVE CIR.E.**
 CITY-ST-ZIP **LAKELAND, FL. 33813**

TITLE **VPD** ☐ Delete
 NAME **REVER, KATHLEEN A**
 STREET ADDRESS **619 SOMERSET LOOP**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodore E. Rever III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-17-2001

Date

Daytime Phone #

CR2E034 (10/00)