

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA2000014808**

1. Entity Name

**Pinnacle Benefits, Inc.**

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90059 032 \*\*\*150.00

**80036719**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**701 U.S. HWY ONE**  
**SUITE 200**  
**NORTH PALM BEACH, FL**  
**33408**

Mailing Address  
**701 U.S. HWY ONE**  
**SUITE 200**  
**NORTH PALM BEACH, FL**  
**33408**

2. Principal Place of Business  
**701 U.S. HWY ONE**

3. Mailing Address  
**701 U.S. HWY ONE**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**NORTH PALM BEACH, FL**

City & State  
**NORTH PALM BEACH, FL**

4. FEI Number  
**65-0376581**

Applied For  
Not Applicable

Zip  
**33408**

Country  
**U.S.A.**

Zip  
**33408**

Country  
**U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**HARRIS, GEORGE E.**  
**11380 PROSPERITY FARMS RD. #201**  
**PALM BEACH GARDENS, FL 33410**

## 7. Name and Address of New Registered Agent

Name: **GEORGE E. HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**11380 PROSPERITY FARMS RD. #201**  
City **PALM BEACH GARDENS, FL** Zip Code **33410**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>C</b>	<b>FREDERICK R. LOWE</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		
<b>D</b>	<b>SAM A. STEPHENS</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		
<b>PD</b>	<b>DEBRA CERRE-RUEBISILI</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		
<b>VD</b>	<b>ALAN N. DUGGAN</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		
<b>TV</b>	<b>DONALD L. JOHNSON</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		
<b>S</b>	<b>MELDAY A. MISIASZEK</b>	<b>701 U.S. HIGHWAY ONE, STE. 200</b>	<b>NORTH PALM BEACH, FL 33408</b>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-2000**

Date

**800-236-1898**

Daytime Phone #

CR2E034 (9/99)