

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90204 027 ***150.00

DOCUMENT # *P93000077471*

1. Entity Name

Employee Benefit Communications, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

7650 W. Courtney

7650 W. Courtney

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Campbell CSWY, Ste. 150

Campbell CSWY, Ste. 150

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33607

USA

33607

USA

4. FEI Number

59-3215889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Garry A. White

3460 15th Ave. No.

St. Petersburg, FL 33713

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

NA.

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 *President, Director* ☐ Delete
NAME *Michael Castle*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

TITLE *Director, Secretary* ☐ Delete
NAME *Ronald O. Markovits*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

TITLE *Director, Chairman* ☐ Delete
NAME *Richard M. Ravin*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

TITLE *Vice President* ☐ Delete
NAME *Terrence J. Baer*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

TITLE *Director, Vice President* ☒ Delete
NAME *Kenneth P. Hallen*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

TITLE *Treasurer* ☐ Delete
NAME *Arlene H. Hardy*
STREET ADDRESS *123 N. Wacker Dr.*
CITY - ST - ZIP *Chicago, IL 60606*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 (312) 701-3718