

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086691

1. Entity Name

VIATICAL BENEFITS FOUNDATION, INC.

FILED

00 APR 14 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2881 E OAKLAND PARK BLVD.
SUITE 201
FT. LAUDERDALE FL 33306

2881 E OAKLAND PARK BLVD.
SUITE 201
FT. LAUDERDALE FL 33306-1824

2. Principal Place of Business

2881 E. Oakland Park Blvd.

3. Mailing Address

2881 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

Zip

33306

Country

4. FEI Number

65-0555664

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

MCNERNEY, MICHAEL J
%BRINKLEY, MCNERNEY, MORGAN, SOLOMON ETAL.
200 EAST LAS OLAS BLVD., SUITE 1800
FT. LAUDERDALE FL 33301

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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 **D** ☒ Delete
NAME **TANN, KYLE E**
STREET ADDRESS **2881 E. OAKLAND PARK BLVD. #201**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **D P S** ☐ Change ☒ Addition
NAME **Brian Holland**
STREET ADDRESS **2881 E. Oakland Park Blvd., Suite 100**
CITY-ST-ZIP **Fort Lauderdale, FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **800003215148--4**
STREET ADDRESS **-04/19/00--01094--024**
CITY-ST-ZIP *******150.00 *****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954-564-7440

Daytime Phone #

CR2E034 (9/99)