

2000 UNIFORM BUSINESS REPORT (UBR)

Amended: \$61.25

DOCUMENT # P95000021012

1. Entity Name
FAMILY BENEFITS, INC.

FILED

00 SEP 11 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1900 OAKDALE LANE SOUTH 1900 OAKDALE LANE SOUTH
CLEARWATER, FL 33764 CLEARWATER, FL 33764
US US 6868

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. FEI Number 59-3305260 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHELDON, ESTELLE M.
1900 OAKDALE LANE SOUTH
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
300003397973-0
-09/19/00 01039 005
*****61.25 *****61.25
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
TITLE ~~SHD~~ P/S/DIT ☐ Delete
NAME Sheldon, Estelle M
STREET ADDRESS 1900 OAKDALE LANE SOUTH
CITY-ST-ZIP CLEARWATER, FL 33764
TITLE ☒ Delete
NAME Sheldon, Neal
STREET ADDRESS 224 Promontory Drive East
CITY-ST-ZIP Newport Beach, CA 92660
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P/S ☒ Change ☐ Addition
NAME Sheldon, Neal D
STREET ADDRESS 1900 OAKDALE LANE SOUTH
CITY-ST-ZIP CLEARWATER, FL 33764
TITLE ☒ Change ☐ Addition
NAME Sheldon, Estelle M
STREET ADDRESS 1900 OAKDALE LANE SOUTH
CITY-ST-ZIP CLEARWATER, FL 33764
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP
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: Estelle M. Sheldon - VP Estelle M. Sheldon - VP 9/8/00 727-469-5398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE