

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023769

1. Entity Name

BENEFIT CONSULTANTS OF SOUTH FLORIDA, INC.

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90025 031 \*\*\*150.00

Principal Place of Business

12595 NEW BRITTANY BLVD  
FT. MYERS FL 33907  
US

Mailing Address

12595 NEW BRITTANY BLVD  
FT. MYERS FL 33957-3424  
US

2. Principal Place of Business

1520 San Carlos Bay Dr - Same  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Sanibel, FL

City & State

FL same

Zip

33957 U.S.A.

Zip

Country

4. FEI Number

65-0568649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SHARON E.  
12595 NEW BRITTANY BLVD  
FT. MYERS FL 33907

correct

Name

Sharon E. Miller  
1520 San Carlos Bay  
Drive  
City Sanibel FL Zip Code 33957

FL

33957

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

Sharon E. Miller, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4/30/00  
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	VPS	<input type="checkbox"/> Delete
NAME	MILLER, SHARON E	
STREET ADDRESS	1520 SAN CARLOS BAY DR	
CITY-ST-ZIP	SANIBEL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, SHARON E.	
STREET ADDRESS	1520 SAN CARLOS BAY DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD N.	
STREET ADDRESS	1520 SAN CARLOS BAY DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

Sharon E. Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00  
Date

941-395-2155  
Daytime Phone #

CR2E034 (9/99)