

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90005 005 \*\*\*150.00

**DOCUMENT #** P95000096775  
**1. Entity Name**  
 Association Benefits Solutions, Inc

**Principal Place of Business** 1929 Buford Blvd  
 Tallahassee, FL 32308  
**Mailing Address** P.O. Box 13908  
 Tallahassee, FL 32317

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

**4. FEI Number** 59-3362079  
**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

Tuten, James T  
 1929 Buford Blvd  
 Tallahassee, FL 32308

## 7. Name and Address of New Registered Agent

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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

<b>TITLE</b>	V.P. Marketing	<input type="checkbox"/> Delete
<b>NAME</b>	MULLINAX, Robert G	
<b>STREET ADDRESS</b>	3246 DUNBAR DR	
<b>CITY-ST-ZIP</b>	Tallahassee, Florida	
<b>TITLE</b>	President	<input type="checkbox"/> Delete
<b>NAME</b>	Tuten, James T	
<b>STREET ADDRESS</b>	3129 CABOT ROAD	
<b>CITY-ST-ZIP</b>	Tallahassee, FL 32312	
<b>TITLE</b>		<input checked="" type="checkbox"/> Delete
<b>NAME</b>	ARTHUR, Terence S	
<b>STREET ADDRESS</b>	3338 Barrow Hill Trail	
<b>CITY-ST-ZIP</b>	Tallahassee, FL 32312	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</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:** Robert G Mullinax  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 852 671 1880  
 Date Daytime Phone #

CR2E034 (11/00)