

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017237

1. Entity Name

UNION CARE BENEFITS OF FLORIDA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90166 033 \*\*\*150.00

Principal Place of Business

Mailing Address

637 1ST STREET, SOUTH  
WINTER HAVEN FL 33880

637 1ST STREET, SOUTH  
WINTER HAVEN FL 33880-3604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3367859

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BYWATER, JOSEPH G  
2000 E. EDGEWOOD DRIVE  
SUITE 108B  
LAKELAND FL 33803

Name

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

City

WINTER HAVEN FL

Zip Code

33880

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

ERNEST JONES

Jeffrey D. Potter

4-15-00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>POTTER, JEFF DALE</b> <b>2 TWIN LANE NW</b> <b>WINTER HAVEN FL 33881</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition [Blank]
	<input type="checkbox"/> Delete [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition [Blank]
	<input type="checkbox"/> Delete [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition [Blank]
	<input type="checkbox"/> Delete [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition [Blank]
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	<input type="checkbox"/> Delete [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition [Blank]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey D. Potter 4-4-00 863-294-6710

CR2E034 (9/99)