

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078348

1. Entity Name

THE EVEREST GROUP, INC.

Everest Disability Benefits & Claim Analysts, Inc.

Principal Place of Business

Mailing Address

1507 S. BAY VILLA RACE  
TAMPA FL 33629

P.O. BOX 14399  
TAMPA FL 33690

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90129 031 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2107 Bay to Bay Blvd.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip  
33629

Country  
USA

Zip

Country

4. FEI Number

NOT APPLICABLE

☒ 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

NAMARA, THOMAS P  
2901 BAY TO BAY BLVD  
TAMPA FL 33602

Name: Thomas P. McNamara  
Street Address (P.O. Box Number is Not Acceptable)  
Suite 309  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELES, BRIAN P.O. BOX 14399 TAMPA FL 33690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

(BRIAN ABELES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001 (813) 221-4000

Date

Daytime Phone //

CR2E034 (10/00)