

2000 UNIFORM BUSINESS REPORT (UBR)

0363622

DOCUMENT # P97000003410

1. Entity Name

EMPLOYEES INSURANCE SERVICES, INC.

FILED

00 APR 26 PM 1:29

Principal Place of Business

Mailing Address

1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442-7725

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727038

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

NUGENT, BRIAN M
1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

TITLE PD
NAME BURRELL, PAUL ☒ Delete
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ Change ☒ Addition
NAME Meier, Garry E.
STREET ADDRESS 1144 East Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE VTC ☐ Delete
NAME FRANCIS, SCOTT R
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE CFOVP ☒ Change ☐ Addition
NAME 800003237178-5
STREET ADDRESS -05/03/00--01079--003
CITY-ST-ZIP ***150.00 ***150.00

TITLE VPS ☒ Delete
NAME NUGENT, BRIAN M
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VPS ☐ Change ☒ Addition
NAME Wasch, Joseph C.
STREET ADDRESS 1144 East Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE D ☒ Delete
NAME LEFCORT, ROBERT
STREET ADDRESS 1144 E NEWPORT CTR DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VPT ☐ Change ☒ Addition
NAME Peterson, Jon H.
STREET ADDRESS 1144 East Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)