

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045199

1. Entity Name

BENEFIT MANAGEMENT GROUP, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90047 003 ***150.00

Principal Place of Business

12788 W FOREST HILL BLVD STE 1002
WELLINGTON FL 33414

Mailing Address

12788 W FOREST HILL BLVD STE 1002
WELLINGTON FL 33414-4703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0763010

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

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

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

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

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
PSD	EVELYN, KENNETH M	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	EVELYN, SCOTT E	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	EVELYN, SHEILA	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	HICKEY, KEVIN	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	RASMUSSEN, WILLIAM	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	GOLDSTEIN, DENNIS S	12788 W FOREST HILL BLVD STE 1002	WELLINGTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

3-14-00

Date

(561) 793-1234

Daytime Phone #

CR20004 (0.00)