## ·2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 13, 2001 8:00 am DOCUMENT # **P97000045199** Secretary of State 1. Entity Name BENEFIT MANAGEMENT GROUP, INC. 04-13-2001 90080 034 \*\*\*150.00 Principal Place of Business Mailing Address 12788 W FOREST HILL BLVD STE 1002 12788 W FOREST HILL BLVD STE 1002 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 110 Ponce de Leon 505 So.Flagler Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0763010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_\_\_ HENRY, THORNTON M Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DRIVE **SUITE 1100** WEST PALM BEACH FL 33401 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so.-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) TITLE TITLE GLEN EVELYN EVELYN, KENNETH KOW WAS QUEN EVELYN 2447 COUNTRY GOLF RY WELLINGTON FL 33Y14 NAME NAME STREET ADDRESS STREET ADDRESS WELLINGTON, - FL-3-3-414 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE DAVID GHIRARDINI EVELYN, SCOTT E NAME NAME 174643 HORSESHOE TRACE \$103 D CAKTON CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33406 CITY-ST-ZIP TITLE TITLE GORDON TITCOMB EVELYN SMELLS ROW WAY NAME NAME HUNTLEY MANOR DC. STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 33221 NELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE HICKEY KEVIN RIDGEBURY NAME NAME STREET ADDRESS STREET ADDRESS AVON CT 06001 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change RASMUSSEN, WILLIAM NAME 330 COACH HOUSE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Change ☐ Addition GOLDSTEIN, DENNIS S NAME NAME STREET ADDRESS 273 SULKIN WA STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does (ot 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 DIREC