

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000007578**

1. Entity Name

MEMBERS CHOICE, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90075 013 ***150.00

Principal Place of Business

Mailing Address

**115 N FRANKLIN BLVD.
TALLAHASSEE FL 32301****115 N FRANKLIN BLVD.
TALLAHASSEE FL 32301-2518**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3495841**Applied For
Not Applicable5. 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

**MCMURRY, CHARLES A
115 N FRANKLIN BLVD.
TALLAHASSEE FL 32301**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MCMURRY, CHARLES A	115 N FRANKLIN BLVD.	TALLAHASSEE FL 32301	<input type="checkbox"/>
D	SEYFORTH, MARK A	200 S. HARBOR CITY BLVD STE 500	MELBOURNE FL 32901	<input type="checkbox"/>
D	TAYLOR, ROSEMARY	491 MONACO DRIVE	INDIALANTIC FL 32903	<input type="checkbox"/>
D	RENO, FRANK T	200 S HARBOR CITY BLVD STE. 500	MELBOURNE FL 32901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		325 Fifth Ave., Suite 204	Indialantic, FL 32903-4270	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		325 Fifth Ave, Suite 204	Indialantic, FL 32903-4270	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

FRANK T. RENO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-25-2000
Date321-956-0555
Daytime Phone #