

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008230

1. Entity Name

EMPLOYERS RESEARCH SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 012 ***150.00

Principal Place of Business

367 STILL FOREST TERRACE
SANFORD FL 32771

Mailing Address

367 STILL FOREST TERRACE
SANFORD FL 32771-8366

2. Principal Place of Business

1428 NOLTON WAY

3. Mailing Address

PO Box 4536

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

WINTER PARK FL

4. FEI Number

59-3491457

Applied For

Not Applicable

Zip

32822

Country

ORANGE

Zip

32793

Country

ORANGE

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

GHUARCH, J M JR
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

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	PD	<input type="checkbox"/> Delete
NAME	SIDORCHUK, PATRICK M	
STREET ADDRESS	367 STILL FOREST TERRACE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, REBECCA	
STREET ADDRESS	367 STILL FOREST TERRACE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, SUSAN M	
STREET ADDRESS	1428 NOLTON WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Susan M. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN M. STEVENS

4/26/2000

Date

407-
658-2250

Daytime Phone #

CR2E034 (9/99)