

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015569

1. Entity Name

OASIS OUTSOURCING BENEFITS, INC.



**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90145 048 \*\*\*550.00

0080260  
AV

Principal Place of Business  
4400 N. CONGRESS AVENUE  
SUITE 250  
WEST PALM BEACH FL 33407

Mailing Address  
4400 N. CONGRESS AVENUE  
SUITE 250  
WEST PALM BEACH FL 33407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0815895

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

THE WACKENHUT CORP., ATTN: LEGAL DEPT.  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410-4243

Name OASIS Outsourcing Attn: Terry Mayotte  
Street Address (P.O. Box Number is Not Acceptable)

4400 N. Congress Ave 250  
City West Palm Beach FL Zip Code 33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Terry Mayotte

(NOTE: Registered Agent signature required when reinstating)

7/17/03

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	WACKENHUT, GEORGE R	<input checked="" type="checkbox"/> Delete
NAME		4200 WACKENHUT DRIVE #100	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243	
CITY-ST-ZIP			
TITLE	D	WACKENHUT, RICHARD R	<input checked="" type="checkbox"/> Delete
NAME		4200 WACKENHUT DRIVE #100	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243	
CITY-ST-ZIP			
TITLE	VPS	KNEIP, ROBERT C	<input type="checkbox"/> Delete
NAME		4200 WACKENHUT DRIVE #100	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243	
CITY-ST-ZIP			
TITLE	VPCT	MAYOTTE, TERRY P	<input type="checkbox"/> Delete
NAME		4200 WACKENHUT DRIVE #100	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243	
CITY-ST-ZIP			
TITLE	AT	GREEN, IAN A	<input checked="" type="checkbox"/> Delete
NAME		4200 WACKENHUT DR #100	
STREET ADDRESS		PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	Semi Maymeh	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1001 Brickell Bay Dr.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	Charles Henemann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1001 Brickell Bay Dr.	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 N. Congress Ave 250	
STREET ADDRESS	West Palm Beach, FL 33409	
CITY-ST-ZIP		
TITLE	CFOTID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 N. Congress Ave 250	
STREET ADDRESS	West Palm Beach, FL 33407	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Melvin	
STREET ADDRESS	4400 N. Congress Ave 250	
CITY-ST-ZIP	WPB, FL 33407	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rich Rosen	
STREET ADDRESS	1001 Brickell Bay Dr.	
CITY-ST-ZIP	Miami, FL 33131	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Mayotte CEO 7-703

Date

Daytime Phone #

561227  
6500

CP2E034 (4/03)