

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91869 032 \*\*\*150.00

02060302 4V

DOCUMENT # P98000015581

1. Entity Name  
OASIS OUTSOURCING BENEFITS II, INC.



Principal Place of Business  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410-4243

Mailing Address  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410-4243



2. Principal Place of Business  
4400 N. Congress Ave  
Suite, Apt. #, etc.  
250

3. Mailing Address  
4400 N. Congress Ave  
Suite, Apt. #, etc.  
250

☒ CHECK HERE IF MAKING CHANGES

City & State  
West Palm Beach, FL  
Zip  
33407  
Country  
Palm Beach

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West Palm Beach, FL  
Zip  
33407  
Country  
Palm Beach

4. FEI Number 65-0825614

Applied For  
Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	D WACKENHUT, GEORGE R 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WACKENHUT, RICHARD R 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO KNEIP, ROBERT C 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTVP MAYOTTE, TERRY P 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GREEN, IAN A 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVA5 Rich Rosen 1001 Brickell Bay Dr. 27th Floor Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sami Mhawmneh 1001 Brickell Bay Dr. 27th Floor Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO Robert Kneip 4400 N. Congress Ave. 250 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CFC Terry Mayotte 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles J. Henemann 1001 Brickell Bay Dr. 27th Fl Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stephen Melvin 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Mayotte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-22-03 (561) 227-6500 Daytime Phone #

CR2E034 (10/02)

Attachment  
 Doc # 798000015581  
 80114069

**OWNERS AND OFFICERS**

**Oasis Outsourcing Benefits II, Inc.**  
**Federal Employer Identification Number: 65-0826614**  
**Date of Incorporation 2/17/1998**

Name	Title	Business Address
Robert C. Kneip	Chief Executive Officer and Director	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Terry P. Mayotte	Chief Financial Officer Treasurer, and Director	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Rick Rosen	Vice President, Assistant Secretary and Director	1001 Brickell Bay Drive 27th Floor Miami, Florida 33131
Stephen M. Melvin	Secretary	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Oasis Outsourcing Holdings, Inc.	Owner	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Sami W. Mnaymneh	Director	1001 Brickell Bay Drive 27th Floor Miami, Florida 33131
Charles J. Hanemann	Director	1001 Brickell Bay Drive 27th Floor Miami, Florida 33131