

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90164 037 \*\*\*150.00

DOCUMENT # P98DD0046634  
1. Entity Name  
The Employers Lifetime Benefits Corp. ✓

Principal Place of Business Mailing Address

**CUUBU213**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
95 Merrick Way  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Coral Gables  
Zip  
33134  
Country  
USA

3. Mailing Address  
95 Merrick Way  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Coral Gables  
Zip  
33134  
Country  
USA

4. FEI Number  
65-0827042  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
LASH, Peter

7. Name and Address of New Registered Agent  
Name  
Lash, Peter  
Street Address (P.O. Box Number is Not Acceptable)  
95 Merrick Way  
Suite 400  
City  
Coral Gables **FL** Zip Code  
33134

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Gordon, Eugene C.</u>		NAME	<u>Gordon, Eugene</u>	
STREET ADDRESS			STREET ADDRESS	<u>95 Merrick Way</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Coral Gables</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Eugene C. Gordon 4/24/01 (305) 536-1144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)