

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104690

1. Entity Name

BENEFIELD CORP.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90095 034 \*\*\*150.00

Principal Place of Business

Mailing Address

850 N.E. 71ST STREET  
 BOCA RATON FL 33487

850 N.E. 71ST STREET  
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

850 NE 71 ST

Suite, Apt. #, etc.

850 NE 71 ST

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0966695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELSON, STEVEN A ESQ.  
 NATIONSBANK BUILDING  
 2000 GLADES ROAD #306  
 BOCA RATON FL 33431

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 ~~RESIDENT~~ ☐ Delete  
 NAME ~~BRUCE BENEFIELD~~  
 STREET ADDRESS ~~850 NE 71 ST~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33487~~

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **BRUCE BENEFIELD**  
 CITY-ST-ZIP **850 NE 71 ST**  
**BOCA RATON FL 33487**

TITLE ~~SECRETARY~~ ☐ Delete  
 NAME ~~BARBARA BENEFIELD~~  
 STREET ADDRESS ~~850 NE 71 ST~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33487~~

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY**  
 STREET ADDRESS **BARBARA BENEFIELD**  
 CITY-ST-ZIP **850 NE 71 ST**  
**BOCA RATON, FL 33487**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Bruce Benefield **BRUCE BENEFIELD** 2-26-00 561 241-4610  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)