

# 2000 UNIFORM BUSINESS REPORT (UBR)

0451231

DOCUMENT # V55030

1. Entity Name

EMPLOYERS SAFETY COUNCIL OF FLORIDA, INC.

FILED

00 MAR 15 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

402 S KENTUCKY AVE  
4TH FLOOR  
LAKELAND FL 33801  
US

P.O. BOX 556  
LAKELAND FL 33802-0556  
US

2. Principal Place of Business

Two S. University Dr.  
Suite, Apt. #, etc.  
220

3. Mailing Address

50 California St  
Suite, Apt. #, etc.  
24th Fl.

City & State

Plantation, FL  
Zip  
33324  
Country  
USA

City & State

San Francisco, CA  
Zip  
94111  
Country  
USA

4. FEI Number

59-3134736

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

SUTTON, CARLOS K  
402 S KENTUCKY AVE  
SUITE 460  
LAKELAND FL 33801

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

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 Bobbie Hall Corporation Service Company  
Signature, typed or printed name of registered agent and title if applicable By: Bobbie Hall, Asst. Vice President 3/13/2000  
(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 NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, CARLOS K 402 S KENTUCKY AVE #460 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO and Director Michael Karp 2 South University Dr. #220 Plantation, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael T. Leonard 50 California St San Francisco, CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ernest J. Newborn, II 50 California St San Francisco, CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wendy Lang 2 South University Dr. #220 Plantation FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Carlos Sutton 2 South University Dr. #220 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Ernest J. Newborn 3/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



Page 2 of 2  
Attachment

ACCOUNT NO. : 072100000032

REFERENCE : 620947 7139998

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 158.75

ORDER DATE : March 10, 2000

ORDER TIME : 11:02 AM

ORDER NO. : 620947-095

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart  
Usi Holdings, Inc.  
50 California St.  
24th Floor  
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: EMPLOYERS SAFETY COUNCIL  
OF FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON; ~~Amy Lampi~~

*Christine*

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 MAR 15 PM 1:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA