

2000 UNIFORM BUSINESS REPORT (UBR)

0451231

DOCUMENT # **V55030**

FILED

1. Entity Name
EMPLOYERS SAFETY COUNCIL OF FLORIDA, INC.

00 MAR 15 PM 4:08

Principal Place of Business
**402 S KENTUCKY AVE
4TH FLOOR
LAKELAND FL 33801
US**

Mailing Address
**P.O. BOX 556
LAKELAND FL 33802-0556
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**Two S. University Dr.
Suite, Apt. #, etc. 220
City & State Plantation, FL
Zip 33324
Country USA**

3. Mailing Address
**50 California St
Suite, Apt. #, etc. 24th Fl.
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
**SUTTON, CARLOS K
402 S KENTUCKY AVE
SUITE 460
LAKELAND FL 33801**

7. Name and Address of New Registered Agent
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
By: **Bobbie Hall, Asst. Vice President** 3/13/2000
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUTTON, CARLOS K 402 S KENTUCKY AVE #460 LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CEO and Director Michael Karp 2 South University Dr. #220 Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Treasurer Michael T. Leonard 50 California St San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Secretary Ernest J. Newborn, II 50 California St San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Vice President Wendy Lang 2 South University Dr. #220 Plantation FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carlos Sutton 2 South University Dr. #220 Plantation, FL 33324
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

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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