

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0693452

DOCUMENT # V55030

1. Entity Name

EMPLOYERS SAFETY COUNCIL OF FLORIDA, INC.

FILED

01 MAR 30 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

TWO S. UNIVERSITY DRIVE, #220  
PLANTATION FL 33324  
US

Mailing Address

50 CALIFORNIA STREET  
24TH FLOOR  
SAN FRANCISCO CA 94111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3134736

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 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 PD  
NAME SUTTON, CARLOS K  
STREET ADDRESS TWO S. UNIVERSITY DRIVE, #220  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CEO  
NAME KARP, MICHAEL  
STREET ADDRESS TWO S. UNIVERSITY DRIVE, #220  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000003931810 ☐ Change ☐ Addition

TITLE T  
NAME LEONARD, MICHAEL T  
STREET ADDRESS 50 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☒ Delete

TITLE Treasurer  
NAME Edward Bowler  
STREET ADDRESS 50 California St  
CITY-ST-ZIP San Francisco, CA 94111 ☒ Change ☐ Addition

TITLE S  
NAME NEWBORN, ERNEST J II  
STREET ADDRESS 50 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME LANG, WENDY  
STREET ADDRESS TWO S. UNIVERSITY DRIVE, #220  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernest J. Newborn 3/21/01

CB2E034 (10/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 093664 7139998

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : March 27, 2001

ORDER TIME : 10:50 AM

ORDER NO. : 093664-110

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart  
Usi Holdings, Inc.  
24th Floor  
50 California Street  
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  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

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

RECEIVED  
01 MAR 30 AM 11:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA