

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90042 045 ****61.25

DOCUMENT # F99000004079

1. Entity Name

FAMILY BENEFITS ASSCIATION, INC.

Principal Place of Business 2770 W. MARKET ST., SUITE 205 AKRON OH 44333	Mailing Address 2770 W. MARKET ST., SUITE 205 AKRON OH 44333-4245
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711506

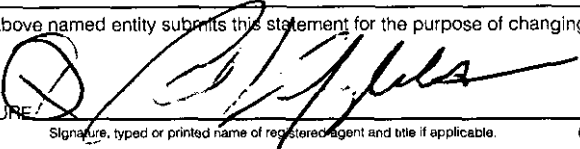


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 31-1838949		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GUGLIOTTA, BEN 704 ELDORADO AVENUE CLEARWATER BEACH FL 33767				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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	MOSTELLER, JAMES A JR.			NAME			
STREET ADDRESS	2770 W. MARKET ST., SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44333			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	ANDRUS, JON			NAME			
STREET ADDRESS	2770 W. MARKET ST., SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44333			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	ROUSH, AMANDA C			NAME			
STREET ADDRESS	2770 W. MARKET ST., SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44333			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	WADE, JAMES C			NAME			
STREET ADDRESS	2770 W. MARKET ST., SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44333			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	TURNER, IAN E			NAME			
STREET ADDRESS	2770 W. MARKET ST., SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44333			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/17/00 (330) 873-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #