



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Martina

FIRST NAME

Staback

LAST NAME

407-471-6908

CONTACT NUMBER

407-429-2145

ALTERNATE NUMBER

## COMPANY DATA BASE

[martina\\_staback@staback.com](mailto:martina_staback@staback.com)

EMAIL ADDRESS

City Employees Club Of  
La

COMPANY NAME

[www.cityemployeeclub.com](http://www.cityemployeeclub.com)

WEBSITE URL

[350 S Figueroa St](#)

Address

[Los Angeles](#)

City

[CA](#)

State

[90071](#)

ZIP Code

[Membership Organizations](#)

SIC DESCRIPTION

[8611](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[508,800.03](#)

REVENUE (USD)

[Los Angeles](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



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1782