

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N00000001282

1. Entity Name

NORTHEAST FLORIDA CHAPTER OF THE RISK AND INSURA

01 SEP 26 PM 6:23

Principal Place of Business

210 B. PARADISE
ONE INDEPENDENT DR., 9TH FLOOR
JACKSONVILLE FL 32202-5000

Mailing Address

210 B. PARADISE
ONE INDEPENDENT DR., 9TH FLOOR
JACKSONVILLE FL 32202-5000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

JACKSONVILLE, FL.

3. Mailing Address

210 B. PARADISE, SEA SIDE LINE



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

100 BELL TEL WAY

Suite, Apt. #, etc.

SUITE 300

City & State

JACKSONVILLE

City & State

FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

32216

Country

U.S.A

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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]

9/4/01

Signatures, 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
After September 12, 2001, min. will be \$236.25

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

TITLE: PRESIDENT
NAME: PAUL HUNTER, TORONTO OCC. INC.
STREET ADDRESS: 155 E. 21ST ST
CITY-ST-ZIP: JACKSONVILLE, FL. 32206

TITLE: VICE-PRES
NAME: WILLIAM HADLEY, ARYONIZO
STREET ADDRESS: 50 W. LAUREL ST. SUITE 2900
CITY-ST-ZIP: JACKSONVILLE, FL. 32202

TITLE: SECRETARY
NAME: ADIAN PARADISE, SEA SIDE LINE
STREET ADDRESS: 100 BELL TEL WAY, SUITE 300
CITY-ST-ZIP: JACKSONVILLE, FL. 32216

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

9/4/01

904 855-1266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

'D's' added 9/20/01

[Signature] 9/20/01

CP2E037 (5/01)