

02-03 UBR 1002

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 JUN -6 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001282

1. Entity Name
 Northeast Florida Chapter
 of the Risk and Insurance Management Society, Inc.



2. Principal Place of Business
 Jacksonville, FL
 Suite, Apt. #, etc.
 100 Bell Tel Way
 City & State
 Jacksonville
 Zip
 32216
 Country
 USA

3. Mailing Address
 Clo B. Roberts
 Suite, Apt. #, etc.
 Suite 300
 City & State
 Florida
 Zip
 Country

4. FEI Number
 90031
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.

City
 Plantation
 FL
 Zip Code
 33324

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. I am familiar with, and accept the obligations of registered agent.

200020778972
 06/11/03--01053--018 **\$1.25
 4-30-03

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Markey, Jr. 50 N. Laura St. Ste. 1900 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gary Thomas 301 W. Bay St. 28th Floor Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Betsy Roberts 100 Bell Tel Way, Suite 300 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betsy Roberts 4-30-03 904-855-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)



Ver

SEA STAR LINE, LLC

VIA FACSIMILE 850-245-6017

May 22, 2003

Michelle Milligan
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Northeast Florida Chapter of the
Risk and Insurance Management Society, Inc

Dear Ms. Milligan:

Our corporation did not receive the rejection letter of April 2002 or any other correspondence. We request that you wave any reinstatement fees. If you need any additional information please give me a call.

Regards,

Becky Roberts
Secretary for the Northeast Florida Chapter of the
Risk and Insurance Management Society, Inc