

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90009 020 ****61.25

0010480

DOCUMENT # N00000008110

1. Entity Name

FLORIDA NORTH CENTRAL CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O FRANK CATAPANO
 1000 AAA DR
 DELAND FL 32720

142 NORTH FLORIDA AVE
 DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3072389

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

FRANK, CATAPANO
142 NORTH FLORIDA AVE
DELAND FL 32720

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME CATAPANO, FRANK
 STREET ADDRESS 142 NORTH FLORIDA AVE
 CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE VPD
 NAME SIKES, PATRICIA
 STREET ADDRESS 7007 SEA WORLD DR.
 CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

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

TITLE SD
 NAME PREISSEL, RICK
 STREET ADDRESS ONE AIRPORT DR.
 CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

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

TITLE TD
 NAME BEARD, BYRON
 STREET ADDRESS P O BOX 530065
 CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

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

TITLE D
 NAME THOMPSON, MELISSA
 STREET ADDRESS P O BOX 267
 CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

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

TITLE D
 NAME SCULLIAN, RAYMOND
 STREET ADDRESS P O BOX 3193
 CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Byron Beard **REQUIRED** *Byron Beard*

2/22/02

407-425-9142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)