2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED 08-18-2003 90161 020 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Patricia Sikes	← Same
Suite, Apt. #, etc.: 7007 Sea World Dr	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32807 Country	Zip Country

4. FEI Number 59-3072389 ☐ Applied For ☐ Not Applicable

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: Sikes, Patricia Street Address (P.O. Box Number is Not Acceptable): 7007 Sea World Dr. City: Orlando FL Zip Code: 32807

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.

SIGNATURE: Frank Catapano 8/13/03
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
After September 10, 2003, min will be $236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CATAPANO, FRANK 142 NORTH FLORIDA AVE DELAND FL 32720	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Sikes, Patricia 7007 Sea World Dr. Orlando, FL 32807	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIKES, PATRICIA 7007 SEA WORLD DR. ORLANDO FL 32807	☐ Delete	TITLE VPO/TD NAME STREET ADDRESS CITY-ST-ZIP	~~Byron~~ Beard, Byron P.O. Box 530065 Orlando, FL 32827	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PREISSEL, RICK ONE AIRPORT DR. ORLANDO FL 32827	☑ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Dykes, Mitzi 1550 Kiwana Lane Deland, FL 32720	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEARD, BYRON P O BOX 530065 ORLANDO FL 32827	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Catapano, Frank 142 N. Florida Ave. Deland, FL 32720	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, MELISSA P O BOX 267 CAPE CANAVERAL FL 32920	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Holcombe, David P.O. Box 2801 Daytona Beach, FL 32120-2801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCULLIAN, RAYMOND P O BOX 3193 ORLANDO FL 32802	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Nielsen, Mary 1000 AAA Dr., MS 41 Heathrow, FL 32746-5063	☐ Change ☑ Addition

CR2E037 (4/03)

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: SIGNATURE REQUIRED 7-17-03 (407)363-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #