

2000 UNIFORM BUSINESS REPORT (UBR)

1062 0568075

DOCUMENT # 616873

1. Entity Name

FLORIDA RISK SPECIALISTS, INC.

FILED

00 JUL -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 NORTH TAMPA ST
SUITE 1840
TAMPA FL 33602
US

70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270-0002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1910246

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS TUCK, ELIZABETH M.
CITY-ST-ZIP 70 PINE ST
NEW YORK NY

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MCFATE, CAROL A
CITY-ST-ZIP 70 PINE STREET
NEW YORK NY 10270

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

TITLE ☐ Delete
NAME C
STREET ADDRESS OWEN, DEAN
CITY-ST-ZIP 200 STATE ST.
BOSTON MA

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MITCHELL, R
CITY-ST-ZIP 500 W MADISON ST
CHICAGO IL 60661

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

TITLE ☐ Delete
NAME VSG
STREET ADDRESS RIVLIN, RACHEL
CITY-ST-ZIP 200 STATE ST.
BOSTON MA

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

TITLE ☐ Delete
NAME S
STREET ADDRESS ANSELMO, NICHOLAS
CITY-ST-ZIP 200 STATE STREET
BOSTON MA

TITLE ☐ Change ☐ Addition
NAME LS
STREET ADDRESS
CITY-ST-ZIP 300003317523--0

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CF2E034 (9/99)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:29 PM

ORDER NO. : 755506-180

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
27th Floor
New York, NY 10270

ANNUAL REPORT FILING

NAME: FLORIDA RISK SPECIALISTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

RECEIVED
00 JUL -7 / PH 4:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA