

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2000 08:00 AM****Secretary of State****DOCUMENT # 694576****1. Entity Name**

ROSS RISK MANAGEMENT, INC.

Principal Place of Business33937 US 19, N
P O BOX 386
PALM HARBOR FL
34684 US**Mailing Address**P. O. BOX 386
P O BOX 386
PALM HARBOR FL
346820386 US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-2132338****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ALFORD, RICHARD L
1550 S HIGHLAND AVECLEARWATER FL
34616**7. Name and Address of New Registered Agent****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)

01/10/2000

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****TITLE** D ☐ Delete
NAME ERNSTROM, CARL T
STREET ADDRESS 400 PLAZA DRIVE
CITY-ST-ZIP BINGHAMTON, NY 1**TITLE** PMC ☐ Delete
NAME ROSS, HUGH H., III
STREET ADDRESS 50 ORCHARD CT
CITY-ST-ZIP PALM HARBOR, FL 3**TITLE** VST ☐ Delete
NAME ROSS, KARALEE L
STREET ADDRESS 50 ORCHARD CT
CITY-ST-ZIP PALM HARBOR FL**TITLE** D ☐ Delete
NAME HEFFERON, WILLIAM H
STREET ADDRESS 400 PLAZA DRIVE
CITY-ST-ZIP BINGHAMTON, NY 1**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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** Karalee L. Ross

VP 01/10/2000