

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 827152**1. Entity Name
RISCORP NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE SARASOTA TOWER	ONE SARASOTA TOWER
2 N TAMIAAMI TRL, STE 608	2 N TAMIAAMI TRL, STE 608
SARASOTA FL	SARASOTA FL
34236 US	34236 US

2. Principal Place of Business	3. Mailing Address
1924 SOUTH OSPREY AVENUE	1924 SOUTH OSPREY AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 202	SUITE 202

City & State	City & State
SARASOTA FL	SARASOTA FL

Zip	Country	Zip	Country
34239	US	34239	US

4. FEI Number	Applied For
44-0156575	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.

TALLAHASSEE FL
32399 US

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM SHERYL A	
STREET ADDRESS	2 NORTH TAMIAAMI TRAIL, STE. 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE SEDDON J	
STREET ADDRESS	2 N TAMIAAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE GEORGE EIII	
STREET ADDRESS	2 N TAMIAAMI TRL, STE 608	
CITY-ST-ZIP	SARSOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVELL WALTER L	
STREET ADDRESS	2 N TAMIAAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	RIEHMANN WALTER E	
STREET ADDRESS	2 N TAMIAAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTTNER EDWARD WIV	
STREET ADDRESS	2 N TAMIAAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSER RANDAL D	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIKALEY JASON E	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSER KEILY G	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOCK MICHAEL	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTNER EDWARD WIV	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY JEFFREY R	
STREET ADDRESS	1924 SOUTH OSPREY AVENUE, SUITE 202	
CITY-ST-ZIP	SARASOTA FL 34239	

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: Jeffrey R. McCurdyDPT **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

LOUIS V. SICILIAN, DIRECTOR
1924 SOUTH OSPREY
SUITE 202
SARASOTA, FL 34239

LINDA DIANE GARDNER, DIRECTOR
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239

RICHARD WILLIAM STOBE, JR., DIRECTOR
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239