

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003248

1. Entity Name

NORTH AMERICAN RISK, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 003 ***550.00

Principal Place of Business

8080 N CENTRAL EXPWY
#1510
DALLAS TX 75206
US

Mailing Address

8080 N CENTRAL EXPWY
#1510
DALLAS TX 75206
US

2. Principal Place of Business

5400 LBJ Freeway

Suite, Apt. #, etc.
880

City & State

Dallas Texas

Zip

75240

Country

USA

3. Mailing Address

5400 LBJ Freeway

Suite, Apt. #, etc.
880

City & State

Dallas Texas

Zip

75240

Country

USA

4. FEI Number

75-2642383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3527

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | EV | <input type="checkbox"/> Delete |
| NAME | ADKINS, BARBARA L | |
| STREET ADDRESS | 8080 N CENTRAL EXPWY, STE 1510 | |
| CITY-ST-ZIP | DALLAS TX 75206 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOPEGOOD, DUNCAN | |
| STREET ADDRESS | 65 LEADENHALL ST. | |
| CITY-ST-ZIP | LONDON EC.3A 2AD ENGLAND | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEYNAND, RUPERT | |
| STREET ADDRESS | 5400 LBJ FREEWAY, STE 880 | |
| CITY-ST-ZIP | DALLAS TX 75240 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHEEHAN, MICHAEL | |
| STREET ADDRESS | VICTORIAL HALL 3RD FL., 11 VICTORIA ST. | |
| CITY-ST-ZIP | HAMILTON HM 11 BERMUDA | |
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | QUICK, LEN | |
| STREET ADDRESS | 8080 N CENTRAL EXPWY, STE 1510 | |
| CITY-ST-ZIP | DALLAS TX 75206 | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | HOUSTON, KAY | |
| STREET ADDRESS | 6311 ATRIUM DRIVE, STE 100 | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara L Adkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

972-960-3400

Daytime Phone #

CR2E034 (5/00)