

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006183

1. Entity Name

NEXT RISK MANAGEMENT, INC.

FILED

Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90005 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1900 GLADES RD., STE 355  
BOCA RATON FL 33431

1900 GLADES RD., STE 355  
BOCA RATON FL 33431-8548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0748185

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

MORRALL, MATTHEW E  
2455 EAST SUNRISE BLVD., PHW  
FORT LAUDERDALE FL 33304

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 effects 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 P ☒ Delete  
NAME COMISKEY JR, WILLIAM F  
STREET ADDRESS 20350 COZUMEL COURT  
CITY-ST-ZIP BOCA RATON FL

TITLE P ☐ Change ☒ Addition  
NAME JEROME P. GRISKO  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD, STE 330  
CITY-ST-ZIP INDEPENDENCE, OH 44131

TITLE VP ☐ Delete  
NAME CLARK, DANIEL J  
STREET ADDRESS 32663 ARLERFORD DRIVE  
CITY-ST-ZIP SOLON OH

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

TITLE AS ☐ Delete  
NAME MEYERS, ANNE L  
STREET ADDRESS 2985 WINTHROP ROAD  
CITY-ST-ZIP SHAKER HEIGHTS OH

TITLE S ☐ Change ☒ Addition  
NAME BARBARA A. RUTIGLIANO  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD, STE 330  
CITY-ST-ZIP INDEPENDENCE, OH 44131

TITLE AT ☐ Delete  
NAME YOUNG, FELECIA P  
STREET ADDRESS 10055 SWEET VALLEY DRIVE  
CITY-ST-ZIP VALLEY VIEW OH 44125

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

TITLE T ☒ Delete  
NAME BRADFORD, JOCELYN A  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD, STE 330  
CITY-ST-ZIP INDEPENDENCE OH 44131

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

TITLE CEV ☐ Delete  
NAME STOUT, CRAIG L  
STREET ADDRESS 10055 SWEET VALLEY DRIVE  
CITY-ST-ZIP VALLEY VIEW OH 44125

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: *Barbara A. Rutigliano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

216-447-9000

Daytime Phone #

CR2E034 (9/99)