

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000454

1. Entity Name

AVALON RISK MANAGEMENT, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90112 004 \*\*\*150.00

Principal Place of Business

1300 EAST WOODFIELD ROAD  
SUITE 512  
SCHAUMBURG IL 60173

Mailing Address

3315 E. ALGONQUIN RD  
SUITE 340  
ROLLING MEADOWS IL 60008-3253

2. Principal Place of Business

3315 E. Algonquin Rd.

Suite, Apt. #, etc.

Suite 340

3. Mailing Address

Suite, Apt. #, etc.

City & State

Rolling Meadows, IL

City & State

Zip

Country

60008

USA

Country

4. FEI Number

~~36-4202541~~  
36-4201541 (see attached)

Applied For

Not Applicable

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

PUJOL, LESLIE  
10705 NW 33RD STREET  
SUITE 1200  
MIAMI FL 33172

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 PD ☐ Delete  
NAME BHOJIWANI, GARY C  
STREET ADDRESS 3315 E ALGONQUIN RD STE 340  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE ☒ Change ☐ Addition  
NAME Gary C. Bhojwani  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HRUBY, DENISE L  
STREET ADDRESS 3315 E ALGONQUIN RD STE 340  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE TD ☐ Delete  
NAME JACKSON, WILLIAM S  
STREET ADDRESS 3315 E ALGONQUIN RD STE 340  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE D ☐ Delete  
NAME STAR, WILLIAM G  
STREET ADDRESS 3315 E ALGONQUIN RD STE 340  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 847-670-8970

CR 10014 (9/98)