

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000454

1. Entity Name

AVALON RISK MANAGEMENT, INC.

Principal Place of Business

3315 E ALGONQUIN RD  
STE 340  
ROLLING MEADOWS IL 60008  
US

Mailing Address

3315 E. ALGONQUIN RD  
SUITE 340  
ROLLING MEADOWS IL 60008

2. Principal Place of Business

10705 NW 33rd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 120

City & State

Miami, FL

Zip

33172

Country

U.S.

Zip

Country

4. FEI Number

36-4202541  
see attached: 36-4201541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 \$150.00**  
**After MAY 1, 2001 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 PD  
NAME BHOJWANI, GARY C  
STREET ADDRESS 3315 E ALGONQUIN RD STE 340  
CITY-ST-ZIP ROLLING MEADOWS IL 60008 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Denise L. Hruby, Denise L. Hruby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

847-670-8970

Daytime Phone #

CR2E034 (10/00)

0566918

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90006 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

DATE OF THIS NOTICE: 01-16-1998  
NUMBER OF THIS NOTICE: CP 575 G  
EMPLOYER IDENTIFICATION NUMBER: 36-4201541  
FORM: SS-4 (TELE-TIN)  
0950523339 B

X

AVALON RISK MANAGEMENT INC  
% GARY C. BHOJWANI  
1300 E. WOODFIELD RD STE. 512  
SCHAUMBURG IL 60173

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 36-4201541. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	04/30/1998
Form 1120	03/15/1999
Form 940	01/31/1999

If the due date has passed please complete the form and send it to us by 02-02-1998. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.