

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90141 049 ***150.00

DOCUMENT # F99000003958

1. Entity Name

RISK PROGRAM MANAGERS, INC.

Principal Place of Business

**186 MANTOLOKING ROAD
BRICK NJ 08723**

Mailing Address

**186 MANTOLOKING ROAD
BRICK NJ 08723**

80056151

2. Principal Place of Business

826 Mantoloking Rd

3. Mailing Address

826 Mantoloking Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brick, NJ

City & State

Brick, NJ

4. FEI Number

22-3537831

Applied For

Not Applicable

Zip

Country

08723

Ocean

Zip

Country

08723

Ocean

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

**VESSECCHIA, SANDRA
9761 C BOCA GARDEN CIRCLE NO.
BOCA RATON FL 33496**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VESSECCHIA, JOHN**
STREET ADDRESS **919 CENTER ST.**
CITY-ST-ZIP **TUCKERTON NJ 08087**

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

TITLE **V** ☒ Delete
NAME **GORMAN, HEATHER**
STREET ADDRESS **48 WATERMAN AVE.**
CITY-ST-ZIP **RUMSON NJ**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John Vessecchia

John Vessecchia

4/27/01 732-262-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)