

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # H52685****1. Entity Name****BANKERS RISK MANAGEMENT SERVICES, INC.****Principal Place of Business**BOX 15707
10051 FIFTH ST. NORTH
ST PETERSBURG FL
33733 US**Mailing Address**BOX 15707
10051 FIFTH ST. NORTH
ST PETERSBURG FL
33733 US**2. Principal Place of Business**

360 CENTRAL AVENUE

3. Mailing Address

360 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number**59-2711120**

Applied For

Not Applicable

Zip
33701Country
USZip
33701Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DELANO G. KRISTIN
360 CENTRAL AVEST PETERSBURG FL
33701 US**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)

03/30/2000

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**TITLE V ☐ Delete
NAME FISCHER RUSSELL A
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE DCP ☐ Delete
NAME MENKE ROBERT M
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FLTITLE DEVP ☐ Delete
NAME MENKE ROBERT G
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FLTITLE DS ☐ Delete
NAME DELANO, G. KRISTIN
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG FLTITLE DT ☐ Delete
NAME HUSSEMAN, EDWIN C.
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FLTITLE D ☐ Delete
NAME MEEHAN, DAVID K.
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☒ Change ☐ Addition
NAME FISCHER RUSSELL AV
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE DC ☒ Change ☐ Addition
NAME MENKE ROBERT MDC
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE DP ☒ Change ☐ Addition
NAME MENKE ROBERT GDP
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE DS ☒ Change ☐ Addition
NAME DELANO G. KRISTIN DS
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE DT ☒ Change ☐ Addition
NAME HUSSEMAN EDWIN CDT
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE D ☒ Change ☐ Addition
NAME MEEHAN DAVID KD
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701**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: G. KRISTIN DELANO****DS 03/30/2000**